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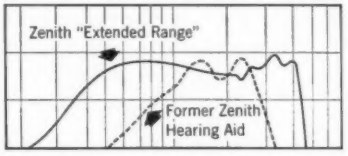

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APPLICATIONS FOR MEMBERSHIP SHOULD BE ADDRESSED TO THE EXECUTIVE SECRETARY

THE PROFESSION DEVOTED TO SPEECH AND HEARING DISORDERS

STANLEY H. AINSWORTH*
University of Georgia

Any attempt to give a comprehensive view of a profession within thirty or forty minutes is certainly an ambitious undertaking. This is particularly true when one is considering a kind of work which is viewed by many different people from various points of reference. Speech correction (speech therapy, speech pathology) and its counterpart in the area of communicative disorders, audiology (or hearing therapy) presents some interesting and unusual complications when we attempt to view it from any single standpoint. It is traditional, for instance, in books on exceptional children to classify speech problems and hearing problems under "physical disabilities." The fact that the majority of children classified as having speech handicaps do *not* have any physical disabilities is ignored. Some persons, on the other hand, assume that these activities "belong" within the purview of medicine. These points of view will be presented later, but before doing so, it is important to consider the characteristics of any profession.

In order to designate any activity to help others as a profession, it must have certain characteristics and meet certain kinds of responsibilities. For instance, a profession typically cuts across some comprehensive, complex aspect of living, but at the same time, it has a basic centralizing unity. Or to say it differently, it is concerned with a special "slice" of the layer cake that we call life. Some obvious examples of these are medicine, which deals with physical disorders and diseases; social work, concerned with the social ills and adjustments of mankind; religion, which is concerned with the spiritual welfare; law, concerned with the legal aspects of getting along with our fellowmen; education, which formally occupies a substantial portion of our early years. It is quite clear that each of these has areas of endeavor and concern which overlap several or all of the others. Nevertheless, we commonly recognize fundamental differences which make it possible for people engaged in these activities as vocations to operate more effectively by aligning themselves with and being part of a distinct professional group. Occasionally, some individuals can become effective members of more than one group.

Another characteristic is that several aspects of this profession can be ordered or organized in some fashion or another. We shall discuss at some length later on how these things can be and have been done with regard to the field of speech and hearing disorders. Another closely related aspect is that the field has a distinct content of information. Like all of the others, it draws for some of its basic and fundamental aspects on other fields, but nevertheless it must have a body of research, theory, and experience which is uniquely its own.

In addition to these general characteristics a profession accepts many responsibilities. Some of these are as follows: it must attempt to deliniate its areas of function; determine and continue to raise standards of competence of its members; it must describe and enforce a code of ethics; it must systematically inform the public at large and provide a medium for exchange of information within the profession. (The American Speech and Hearing Association, for instance, publishes three journals, has an annual convention, cosponsors research conferences, is participating in a two year study of speech and hearing disorders in the public schools, and is taking part in the creation of a National Index on Deafness, Speech and Hearing.) The profession must accept the responsibility of relating to other professions on an organizational level so that statements of policies can be enunciated authoritatively rather than be expressions of divergent and individual members of the group. Through these activities and by accepting the above responsibilities, it must create a status for its members which allows them to function in dignity and with reasonable security.

For those of you who are familiar with the field of speech and hearing disorders, it is quite apparent that this area has all of the attributes of a profession. This fact is not as apparent to many people who are acquainted with one facet of the field or who habitually think of it in terms of a particular point of view. Furthermore, the implications of the fact that we represent a distinct profession have not been made clear even to many of its members. Therefore, it is important for us to consider for a few minutes some of the ways that we can think of organizing the activities, content, and purposes of the field of speech and hearing disorders.

The profession can be viewed in many ways. One of the most popular and one which is implied by the listing of topics in this conference and many other conferences is that of seeing it as the collection of

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The above talk was given by Dr. Ainsworth at the 2nd Alabama Conference on Handicapped Children: Speech and Hearing Problems, held at the University of Alabama, Tuscaloosa, February 11-12, 1960.

types of disorders with which it deals. A glance at textbooks will immediately tell us that there are many definitions of what disorders of speech and hearing include. Perhaps, we can agree that we are concerned primarily with disorders of oral communication. These include both the sending and receiving aspects. Beginning with this kind of definition there are many problems which differ in kind. A person may have difficulties with the sounds of speech and thus have an articulatory problem. His voice may be inadequate or he may stutter. Futhermore, the speech disorders that he has may be associated with organic deficiencies such as cleft palate, hearing loss, cerebral palsy or paralysis. Or, on the other hand, the types of disorders may be viewed as differences in levels of development. Some therapy is primarily concerned with *stimulating* the person to talk. At a little later level it is concerned with teaching the person *how* to talk. This is particularly noted in problems of deafness or brain injury. At a later level, and most commonly, we may need to *re-teach* how to talk—to correct errors that have developed. This is the area in which most people consider the speech correctionist to work entirely, but this is not so, of course. At a higher development level, we have a readjustment needed in regard to broad communicative and social patterns. Stuttering is a problem that may fall in this group. Adult hearing loss may present this picture.

This view of the field, a collection of certain types of problems, has some validity but the attitudes of some individuals toward specific disorders create some complications. Those interested in a specific problem sometimes assume that this disorder "belongs to" or is the primary responsibility of another profession. The feeling is that the speech pathologist exists to serve this other profession in such a way that *it* can accomplish what it feels are its responsibilities. For instance, cleft palate involves the surgeon or the prosthodontist. Thus, speech therapy could be viewed as merely an extension of what the surgeon started. In functional articulation cases, this problem is sometimes looked upon as a re-educative process, and since many of these children are dealt with in the public schools, it is felt that this is primarily "an education problem" and that the speech clinician is, therefore, merely a special kind of teacher. The stutterer on the other hand is viewed as a spychological or psychiatric problem, not as a speech problem at all, in the minds of some people. Those who work with the deaf are considered to be a special kind of education personnel. Therefore, people who work with hard of hearing adults carry the same kind of designation. It should be clear, however, *that speech pathology and audiology as a profession serves all these levels and types of problems.* We are concerned with the *individual* who has the problem and it is coincidental that certain of these problems needed to be treated in collaboration with other professions.

Another way of looking at the field is to view it from the standpoint of the clinical framework in which the work is carried out. There are many "places" where the speech clinicians and audiologists carry out their duties. Their work is quite commonly done in public schools, hospitals, rehabilitation centers, private and state institutions, community clinics of numerous combinations with other services or as independent clinics, university training center clinics, part-time and full-time private practice, medical schools, special schools such as those for the mentally retarded or cerebral palsied, psychological clinics, governmental agencies in the United States Government and in State and County Departments of Health and of Education. With this kind of situation existing it is not surprising that those who have limited contacts with the speech and hearing personnel may visualize the entire profession as being represented by the persons they contact. Thus, the professional person in speech and hearing is thought of and identified variously as: a teacher, a correctionist, a therapist, a clinician, a speech pathologist or audiologist, a professor, and various kinds of combinations with the above and other identifying terms. It may be said to the credit of the clinician who has operated in these many settings, that other workers in each of these locations have often assumed that the location in which he functions is the *most desirable and logical center* for the application of diagnosis and therapy for those with speech and hearing problems. Thus, the entire view of the profession is colored considerably by the accident of location of the doing of the work. Here again, it must be pointed out that the *profession serves all of these groups.* Wherever there are those who need help and wherever there is a way for procuring payment for this service, you will find the speech and hearing clinician at work—and sometimes without the latter condition!

An even more basic difference in viewpoint is illustrated by a difference in *goal orientation* in the minds of many people. There is a difference in the way they view the importance and direction and purposes of the process which we call speech or hearing therapy. Many have assumed that this is part of a total medical rehabilitation process. Looked at from this standpoint, speech and hearing therapy is a process within a larger whole designed to restore the person to adequate physiological and mental functioning. This leads them to define speech pathology and audiology, as one of the medical arts or the healing arts—which in turn are the prerogative of medicine. On the other hand, there are those who insist that the primary process is one of the psychological readjustment. Thus, speech therapy is defined as a kind of psychotherapy—a specific and limited way of changing certain nonphysical aspects of the self. A third opinion looks upon this work as an educational service. These activities are defined in such a way that the clinician is doing another kind of teaching. This is viewed as being one

which prepares the child so that he can participate more effectively in the learning situation which the school provides as well as operating more effectively outside of the school. Yet, in *any* of these three areas if persons are pushed to describe what they are talking about we would find that to a large extent they would agree as to what is taking place. (It might be said parenthetically that the field of psychology has had similar problems because of their functioning in research, medical, educational, and industrial areas.) It should be clear that the profession of speech and hearing is serving *all of these major goals.* The *emphasis* that the goals may take and the *language* used about them is largely dependent upon the job location, the training orientation of the clinician, and the typical case load which he may be dealing with. Thus, the person who has 85% of his case load made up of functional articulation problems and who works in the public schools begins to think of his job, to talk about his job as a part of the total educational process. In a medical center it might be that a large proportion of the cases are those with cleft palate or other organic abnormalities. This certainly would influence the way the person talked about his job and he would begin to feel what he is doing is part of the larger process which he sees in operation around him. The person in private practice, on the other hand, may see himself in quite a different role.

It is quite apparent, then, that any limited way of looking at speech and hearing disorders and at the profession which is concerned with them is unsatisfactoy. To view the entire field from the standpoint of a job location or of certain types of problems, or from the description of the goals within a medical, psychological, or educational framework, results in a gradual delimiting and restricting of the effectiveness of the professional person. Assumptions are inevitably made regarding the supervision and the limitations which the work should entail. These decisions are most commonly made by people who are *not* trained in the field of speech and hearing, but who have their primary background and interest in another discipline.

How may we relieve this confusing way of looking at this field which is designed to help those with speech and hearing handicaps? What is a unifying but inclusive point of view? Where are the basic elements which identify the profession? There has gradually emerged in the last few years a concept that we have here, something which can help more people more effectively by existing as an independent profession. The people needing help will get it best if we look at the work to be done with them in this fashion. There are certain fundamental unifying facts which justifies this point of view. It should be clear that these facts are not completely separate. They are interactive, but they are different aspects of the total picture. Let us look at a few of these facts.

The first one is that the *person with the communicative disorder* is central to our interest. This communicative disorder may exist in *combination* with other factors or it may exist in *relative isolation* as far as therapeutic measures are concerned. His age, the place where he goes for his treatment, the types of specific problems (speech or hearing) that he has, effect what is immediately important to him and what is noticeable, but this does not change the central fact of the *person with the problem.* For instance, a child in school may need help in the school in order to meet that situation more effectively. Or this same child may be brought to a clinic because the parents are having the problem or because he needs some kind of service which cannot be provided in the school.

In general the *effects* of the disorder *are the same.* This does not mean that all persons have exactly the same problem, but all of them have some alterations in their communication. That is, the communication is interrupted or interferred with because of less intelligibility of the speech or because of the distractability to the listener. The self concept is altered and the inter-personal relationships are interrupted to some degree or another. The speech or hearing problem will have an effect on how and what they learn, etc. To some degree or another *all* of these and other aspects are affected. These conditions are true regardless of where they get their treatment, how old they are, or what types of problem they have.

Another unifying factor is that the goals of therapy are the same, in general. These are, of course, to establish or to restore ability to communicate—not only with others, but with themselves. This includes sending and receiving. These goals apply wherever and under whatever conditions the therapy is done. It does not matter whether the therapist functions in a medical center, or a public school. Thus, the change that is desired in the person needing therapy is essentially the same no matter where the work is done.

The processes for achieving the goals are essentially the same wherever they are applied. They all combine some elements of education, reducation, psychotherapy, conditioning, in a unique and particular way. They may be done in combination with or separate from other habilitative and rehabilitative processes. They are all concerned with changing behavior—in changing the person. It should be clear that this does not mean that all clinicians apply essentially the same techniques. This obviously is not so. The ones they choose to apply will be affected by their training, experience, orientation, and job location, but basically and fundamentally, the goals will be achieved by a combination of such processes that have just been listed.

These very obvious and fundamental facts have some important implications for understanding this profession of helping those with speech and hearing

handicaps. These implications are important for the general public and for those who employ the clinician in various settings; for other professional groups who work with or utilize the services of the speech and hearing clinician; for the person within the profession; and, most of all, for the handicapped person.

The concept of an independent profession which provides services for communicative disorders is necessary if this profession as a whole is to provide most complete, effective service at the time when it is most needed and in ways that are most efficient. This can best be done by creating an image that is not limited to any of the partial points of view discussed earlier or points of view which imply domination of this work by outside professional groups. The members of this profession must be free to conduct appropriate activities within various job settings with primary regard for the needs of the individual being helped. This means that speech pathologists and audiologists should be free to continue to provide services in all of the settings that now exist and in any new settings which may be created. The members of the profession must be free to relate effectively to and to cooperate with other disciplines and other professions to help the individual achieve more adequate communication. Any restriction of this profession to other existing professions or groups would tend to inhibit, channel, and control in such a way as to reduce its effectiveness. Very closely related to these concepts must be the freedom to insure that direct supervision of clinical procedures is provided by appropriately trained members of the profession, not by somebody in another profession.

Along with these freedoms, the members of the profession must accept all the responsibilities that are implicit in the profession. They must recognize the particular limitations and the special obligations inherent in particular job situations. In the hospital, for instance, there is a necessity for knowing the hierarchy and structuring of duties in that situation. In the schools it is important to know something about teaching, to know what is going on in the classrooms, what is trying to be accomplished in the total educational program, and to know how the speech correction program contributes to it. It is important to become a part of a unit at the same time as maintaining a professional independence of action. Other responsibilities of any profession have been listed above and need not be repeated here. It may be pointed out that through the American Speech and Hearing Association, with its more than 5,000 members, there is a structure which makes it possible for the profession to meet many of its obligations and responsibilities.

There are many advantages to viewing the field of speech and hearing in the context which has been presented here. The public will know where to turn for help or for someone to employ. Other professions can relate to speech and hearing clinicians more clearly without confusion as to areas and levels of responsibility. Those within the profession can proceed surely and confidently to fulfill their destiny. And most important of all, those with speech and hearing handicaps whatever their ages, whatever their specific problems of communication, and in whatever context these problems are important to them, can be assured of competent and professional assistance.

SPEECH AND HEARING REHABILITATION IN JAPAN

MARTIN F. PALMER*
University of Wichita

In the summer of 1959, the Japanese Ministry of Health and Welfare requested formally that a Consultant be sent from the World Health Organization to them as soon as possible to cover the problems of speech and hearing rehabilitation in Japan, particularly those related to the National Rehabilitation Center for the Deaf, as well as problems covering the entire program planned for the country.

This consultation was carried out between the dates of January 18 and March 1, 1960, and the report that follows covers essentially the investigation made and the recommendations left with the Japanese government and the World Health Organization.

Two fundamental statutes exist in Japan which make possible the development of speech and hearing rehabilitation. One is the Law for the Welfare of Disabled Persons passed in April, 1958, which creates a facility for deaf-mutes, and also by an amendment passed in 1959, which permits the development of programs for persons with losses in language not necessarily caused by deafness, loss of vocal or speech functions, or enduring severe impediments in vocal or speech functions.

The second law is the so-called Compulsory Education Act requiring all children, regardless of handicap, to attend school between 6 and 16 years of age. The Ministry of Health and Welfare has the responsibility for the physically handicapped, and the Ministry of Education has the responsibility for all colleges and university programs and all educational programs, thus constituting a split in governmental functions, so far as speech and hearing problems are concerned.

The National Rehabilitation Center for the Deaf has a staff of 45 persons organized into an administrative department, a guidance department for the deaf, a medical-acoustic department with a small hospital attached, and a speech department. The guidance department accepts cases of deaf-mutes for vocational guidance and placement limited to one year of service for each case. The medical-acoustic department is engaged in oto-surgery, particularly tympano-plasty, medical treatment of hearing, audiological work, and inpatient general medical care. The speech department undertakes all of the other programs including lip-reading, so far as speech disorders are concerned. The Center is located in a former army medical laboratory and is an adequate building, rather well-equipped.

The problem facing this Center was whether it should continue to develop its speech and hearing program at the expense of the deaf-mutes, or whether it should completely devote its attention to deaf-mutes, especially in regard to its name. The staff of the Center was exceedingly impressive throughout. The work being done with tympano-plasty was really remarkable in improvement of hearing losses from 40 decibels and above.

Another problem facing this Center was that the regulations set up in the law permitted the fitting of hearing aids and similar devices and operations only for those with 60 decibels of loss or more. This was causing considerable concern to the staff of the Center.

Located physically next to the National Rehabilitation Center for the Deaf is the National Rehabilitation Center for the Physically Handicapped, which was also seen. In this Center, rehabilitation programs, prostheses, surgery, and therapy for 120 inpatients and some few outpatients was being carried on. About 20% of the cases had cerebral palsy, and of these the usual number had speech and hearing handicaps. Extensive psychological counselling was given, and training done for employment in radio and TV, shoe repairing, dressmaking, tailoring, printing, and so forth. The building space here was also extensive, and the facilities excellent.

The Center, however, felt that there was not sufficient service from qualified speech therapists and audiologists in spite of the location of the National Rehabilitation Center for the Deaf, and that there was practically no service in occupational and physical therapies since no training courses exist for such persons in Japan.

The National Institution for the Blind in Tokyo was also of interest, with a patient load of 300. Work for the blind is traditional in Japan, going back some 1,200 years. The blind have always been trained in Japanese massage. Lately, "Western-style massage" has been taught. The blind also are trained in acupuncture and moxacautery. Acupuncture consists of inserting a gold or silver needle about two inches into the body in any one of 660 points, where no pain, bleeding, or discomfort is felt. The needle is vibrated after it is inserted and this is supposed to give relief from pain. The consultant checked this with Japanese physicians who felt that the treatment actually did have some value. A number of blind persons with speech and hearing disorders are inpatients at this institution, and they have a working relationship with the National Rehabilitation Center for the Deaf, which they hope will be helpful.

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Nippon Rowa Gakko is a missionary school for the deaf, headed by Oshima, and employs the only trained audiologist in Japan, Akira Totoki, who received his training from the Central Institute for the Deaf. This was by far the best program for the deaf seen in Japan, and is a missionary school supported by the Presbyterian Church and the Evangelical United Brethren. The work done with pre-school children, particularly, not only equals what is done in America, but in some respects was better than what is done in America. The speech output of the children, in so far as the Consultant's inadequate Japanese was able to determine, was much better at equivalent ages, than any seen in America. The question here was not the amount of hearing loss, quite obviously, because in this Center the exact amount of hearing loss was well-known.

In this connection, there are teacher training courses for the deaf in normal colleges, and the Tokyo University of Education. Work for the deaf is not new in Japan, but was first established about 1875. All of the work in Japan is oral, and serious consideration is being given to introducing manual education.

A number of other schools for the deaf were visited in the Tokyo area. The Otsuka Metropolitan School for the Deaf was a public school, existing simply because of the Compulsory Education Act. They have a great many problems, in that there are no funds for pre-school work or for high-school work.

Two stuttering clinics were visited, the only clinics for stutterers in Japan. Both are privately operated, and resemble very much the commercial schools which formerly existed in America. One of these, however, was an excellent effort being made by an essentially untrained person, K. Umeda, who was a student and scholar.

In Tokyo, the Komei School for Crippled Children was also visited. This was a very beautiful, attractive, neat public school for crippled children, was commenced in 1930, and is supported by the Tokyo Board of Education. There were 232 children in attendance, 180 of them having cerebral palsy, and of these 160 were in need of speech therapy services which were being given by essentially untrained persons. There were no occupational or physical therapists, but they had five persons who had been to the National Rehabilitation Center for the Blind and to Seishi-Ryogo-En, which will be reported below. It should be remembered there are no training courses for speech pathologists or audiologists in Japan, no professional training courses for physical therapists or occupational therapists. In addition, multiple handicaps have no service in Japan at the present time.

Seishi-Ryogo-En, or the Hospital School and Home for Crippled Children, was founded by Kenji Takagi, who is an orthopedist. It was the result of the pioneer efforts of Takagi to build a model center for crippled children. It is operated by the Japan Society for Crippled Children, which receives government funds for the care of the children, and supplies the operational costs of the hospital. All of the buildings except the nurses' home were destroyed by fire during the war, but with the enactment of the Law for the Welfare of Children, the Ministry of Health and Welfare has been able to start new buildings and equipment. Since land is very precious in Japan, it was surprising to see this clinic which is located on a beautiful hilltop just outside Tokyo. The buildings were carefully and thoughtfully planned, and even temporary structures gave evidence of skilled design. The surgical and treatment building was modern in every respect. The school part of the clinic is operated by the Tokyo University of Education, the hospital by the Japan Society for Crippled Children. Only children with I.Q.'s of 70 or above with rudimentary locomotion and toilet education are accepted. Occupational and physical therapy are being explored in Japan by orthopedic surgeons, and an effort to set up training programs will be carried out.

A Public School for the Deaf was visited in Ichikawa City, which is in Chiba Prefecture. This belongs to the Tokyo University of Education. A word might be said about this University. This is a specialized University with a fairly large department of special education which actually owns and operates a great many special education schools in the Tokyo Metropolitan area. Chiba Prefecture is the next state to Tokyo. This deaf school was extremely interesting, particularly because of its art department. Deaf-mute seniors in this school regularly take prizes for their art work in Japan and also in international exhibits.

The National Institute for Mental Health is a copy of our own National Institute for Mental Health, and a great deal of excellent research is being done on a number of problems. Stuttering was also being treated at this National Institute on the basis that stuttering is a phychoneurotic symptom.

In Chiba City, a public school was visited where Kiyomatsu Okuma, the only public school speech therapist in Japan, was at work. Okuma does not speak English and is entirely self-trained, but has had the good judgment to place himself under the supervision of the National Rehabilitation Center for the Deaf. This was a most interesting demonstration and paralleled fairly well what would be found in the public schools of our country.

Work with laryngectomees is quite advanced in Japan, and a visit was made to Tokyo Kosei-Nenkin-Dyoin, the Social Welfare Pension Hospital, a service of Tsuguo Takafuji, who is head of the Department of Oto-Rhino-Laryngology. Japanese physicians have come to realize the importance of speech problems after laryngectomies. They have a "lost chord" club called the Silver Bell Club, due to difficulty in translation, and the training methods closely resemble those used in this country. Of interest was the Japanese artificial larynx, which was more efficient than our

mechanical larynges, and also much cheaper in construction.

Tokyo Medical and Dental University was visited. The Department of Oral Surgery under Ueno has operated about 300 cases, and Nakata is doing the speech therapy. Throughout Japan, the problem of what to do about speech therapy when there were no training courses came up again and again. However, the operations were excellent and the follow-up being done was really very good. Also at this University, the Consultant visited Horiguchi, Professor of Oto-Rhino-Laryngology, who covered the problem of phonetics research in Japan, public and private schools for the deaf, commercial schools for stutterers, and so forth, and hoped that social insurance and medical insurance could be improved to cover more cases.

Tokyo University (formerly the Imperial University), School of Health and Nursing was also visited. This was created by the Rockefeller Foundation.

Tokyo University College of Medicine, Oto-Rhino-Laryngological Clinics under the direction of Ichiro Kirikae, Professor of Oto-Rhino-Laryngology was also seen. A great many speech disorders are coming through this clinic, and Kirikae felt that speech therapists were very urgently needed. He was hopeful that some training program could be established, perhaps at his own clinic.

In addition to these direct visits in the Tokyo Area, a number of psychological and educational clinics were visited, many of them doing excellent work. It is regretted the space for this article is so brief. One of the interesting clinics was the Onshi-Zaidan-Boshi-Aiiku-Kai. This is a foundation and pediatric clinic set up by the Empress of Japan on the birth of Crown Prince Akihito. There have been a number of difficulties due to our bombing-out of the buildings during the war, and also a loss of the foundation due to inflation. The grounds and buildings are exceptional. There were classes for children, psychological clinics, a kindergarten for normal children, two classes for mentally retarded children, and in addition, a speech therapy service for all types of speech and hearing disorders. They are working closely with the National Rehabilitation Center for the Deaf, due again to the fact that a psychologist who is essentially self-taught, is attempting to do the speech therapy.

Following the completion of the visit to the Tokyo Area and a sampling of the various clinics, a trip was arranged by the Japanese government to the island of Kyushu, and various stops on the way back to Tokyo, travelling by rail, in order to see if the problems which seemed to be very clear in the general area of Tokyo would be repeated in the remainder of Japan.

The Consultant visited the Pediatrics Clinic of the Kyushu University School of Medicine. Tarawaki has a small clinic for cerebral palsied children and a kindergarten program for Mongoloids, epileptics, and so forth.

The Oto-Rhino-Laryngology Department, under the direction of Masakazu Karawata, has a history of 20 years of study of phonetics and logopedics commenced by Kubo, who studied in Germany. Research audiology of a very high level was being carried out in these laboratories. Among these projects was the study of objective audiometry by means of the reflex retraction of the tympanic membrane, which is proving quite successful. Here again, they complained that there were no trained audiologists and no trained speech therapists. The School of Education of Kyushu University was also visited, and similar comments were made. The clinic of Hiroshi Fujino, Professor of Oral Surgery, was also seen. This clinic has had an experience of some 3,000 cases. A dentist is providing the speech therapy for the cases.

After the trip to Kyushu, Okayama University Medical School was visited, Department of Oto-Rhino-Laryngology. Shigeo Takahara, Professor of Oto-Rhino-Laryngology, gave the information. Takahara studied in this country under Shambaugh for two years, and excellent fenestration procedures are being carried out in his clinic. He was quite eager to have a master audiometer set up somewhere in Japan, and that audiologists be trained. He pointed out that there were more than 100 special schools for the deaf in Japan, but practically nothing was being done for the hard-of-hearing.

After leaving Okayama, the University of Osaka was visited, and the cleft palate service of the School of Dentistry, particularly, under Iwao Nagai, Dean of the Dental School, was seen. About 300 cases have been operated in this service, using most modern methods. Rehabilitation was incomplete due to the lack of speech therapists. A number of physicians were serving as speech therapists at that time.

An interesting venture in Osaka was seen on the visit to the residential workshop for the physically handicapped. This is essentially a sheltered workshop operated by the prefectural government, and excellent work was being done. The deaf, instead of learning newspaper printing, were printing beautiful wrapping papers and similar types of work. Practical packaging programs were at work on assembly lines. It may be of interest to note that an athetoid was opening the sacks at the head of the line filling dental powders, and keeping up easily with the furiously working "normals." This athetoid was profoundly deaf and mentally retarded, but did his work ably and well.

Also, the Osaka Municipal Hospital School for Crippled Children was visited, where some interesting work was being done with a thermal pool, and the Rehabilitation Center of Osaka Prefecture, which is an effort to pull together all kinds of ideas on the rehabilitation of cerebral palsied cases. One of the most beautiful crippled children's schools seen was the Osaka Prefectural School for Crippled Children, which is even more extensively equipped than most schools in this country. The orchestra room, for ex-

ample, had beautiful sound treatment, and they are very proud of the symphony orchestra made up of their children. The Principal of this Crippled Children's School is Toshio Hayase. Also, a deaf school was visited at Osaka under the direction of Konosuke Nakano.

Next, the University of Kyoto, former capitol of Japan, the Perfectural College of Medicine was seen, under the direction of Fumio Nakamura. They pointed out also that there were really no rehabilitative services in Japan for cerebral palsy and stuttering, and that cleft palate cases all need speech therapy.

Next, the Department of Oto-Rhino-Laryngology of the Kyoto University School of Medicine under the direction of Mitsuharu Goto was seen. Goto is a research worker with extreme dynamic ideas. He had a voice typewriter, and claimed to have been successful in animals in transplanting the entire ear, including the cochlea, and in regenerating the auditory nerve into the medulla. EEG had been studied on hearing, and he is also working on sharpening acoustic perception in animals. A tremendous number of other research projects were going on at this center.

The first Red Cross Hospital in Kyoto was also visited because of the excellent laryngectomy program being conducted there. This hospital is located in a former army general hospital, and it is beautiful and modern, as well as extremely well-equipped. The demonstrations were given by various laryngectomees, among them a woman patient who was actually able to sing to some extent.

The remainder of the trip consisted of consultations with various offices of the Ministry of Education and the Ministry of Health and Welfare in preparing the final report and recommendations. These reports are lengthy and cannot be presented in this article in detail.

In general, it was recommended:

1. That the National Rehabilitation Center for the Deaf, which has the only trained speech therapists and audiologists in Japan, with one exception at the missionary deaf school, be extended and developed.

2. That the Japanese government should attempt to get more Fellowships for training of speech and hearing therapists in this country.

3. That a Master Audiometer Center be created in Tokyo or at Okayama.

4. That physical and occupational therapy training programs are necessary.

5. That hemiplegics and aphasics have some service established. There was no service at the time of the visit in Japan for the rehabilitation of adult aphasics.

6. That speech, hearing, and voice disorders be included in social welfare insurance since at the present time, while some work can be done under this insurance plan, the cases must be referred because of some other condition.

7. That education for the deaf be extended through senior high school and to pre-school ages under certain circumstances.

8. That the educational regulations be changed in education, also, from 80 db, to 60-30 db.

9. That new programs be established for hard-of-hearing children, and that some programs be established for multiply-handicapped children.

10. That some universities be chosen for establishing training programs in the speech and hearing field, and that parallel requirements to the American Speech and Hearing Association be developed by these universities and the Ministry of Education.

In conclusion, the Consultant was extremely impressed by the high level of research which was being conducted in Japan on speech and hearing problems. The equipment and instrumentation were better than any seen in this country. The Consultant was also impressed by the relatively low order of rehabilitation, due to the fact that rehabilitation as a personal matter is somewhat new in Japan, except in the case of the deaf or blind. The major problem seemed to be, therefore, that professional training programs needed to be established and official positions created for persons emerging from these professional training programs.

The report is under study by both the Japanese government and the World Health Organization, and will be distributed in detail some time this year.

It was a most challenging and interesting experience. In general, the Consultant remembers Japan with the greatest feeling of kindness, and wishes to report that the Japanese people themselves, at least those contacted among the medical profession, educational profession, etc., seemed to entertain only the warmest feelings for America.

Japanese personnel who are attempting to establish speech pathology and audiology in Japan are severely handicapped by a lack of adequate library texts in English, French, or German. A collection of used books and periodicals for this purpose is being made under the supervision of Martin F. Palmer. According to Palmer, "any text or periodical in our general field, in whatever condition would be most appreciated." ASHA members are urged to send their used books to: Martin Palmer, Institute of Logopedics, 2400 Jardine Drive, Wichita 19, Kansas.

Special Reports

A REPORT ON OCCUPATIONAL CONDITIONS AMONG THE DEAF*

THE following is a digest of the introductory and summary statements of a survey report conducted by Gallaudet College and the National Association of the Deaf.[1] The plans for this study were initiated by Irving S. Fusfeld, Ph.D., who was responsible for the original design, in association with Boyce R. Williams, OVR. Consultant, Deaf and Hard of Hearing, and Byron B. Burnes, President, National Association of the Deaf.

Upon Fusfeld's retirement, Burnes took over complete charge of the field work, Lunde directed the study as a whole, and Stanley K. Bigman processed the data and wrote the final draft. With the exception of the introduction, the main headings of this abstract follow generally the chapter titles of the complete report.

INTRODUCTION

There has not been a large scale study of the vocational experiences of the deaf since 1935. Partly because of this, there exists little systematic information about the life space aspects of the deaf. This informational void was of special concern to educators, vocational counselors, representatives of federal agencies, and organizations of the deaf since career planning was being based on inadequate resource materials.

The purpose of the present study was to shed light on the occupational status and experience of the deaf and to stimulate research specific to occupational and related aspects of the deaf.

THE SURVEY RESPONDENTS

Personal and Social Characteristics

The data of this study are based on schedules completed by 10,101 deaf persons. In this sample 97% were white and 86% fell between the ages of 20-59. Nearly four-fifths of this group was employed at the time of the study and the remainder included housewives, retired persons, and others. The respondents were obtained from each state in a manner which yielded a distribution comparable to the total population. In addition, the proportion of married respondents approximated the general population. Of the married, in 5 out of 6 cases the spouse was also deaf, while in another 10% the spouse was hard of hearing; only 5% were married to hearing persons.

All of the respondents reported some schooling; 90% had attended state residential schools and 9% claimed at least one year of college training. The number of years of schooling was lowest among the oldest respondents and highest among those in their twenties.

Hearing Loss and Means of Communication

The survey group included only persons who were known as deaf by other deaf persons and who considered themselves deaf. This group represents, therefore, the deaf community as defined by socio-psychological variables. It is understandable, since no tests were given, that half said they were totally deaf and 10% claimed they could hear some conversation. Only 1% of this deaf community reported having become deaf at the age of 14 or later, while 80% were deaf before the age of 6.

The deaf communicate with their work associates who have normal hearing through the use of writing, speech, speech reading and manual techniques. Over half of the respondents reportedly use two or more communicational approaches. Writing is apparently relied upon most widely; it is used exclusively by about 30% and in combination with other techniques by over two thirds of the deaf community.

THE ECONOMIC POSITION OF THE DEAF

Occupational and Industrial Distribution

A heavy concentration (three fourths of the men and three fifths of the women) was observed in skilled and semi-skilled manual occupations. These figures contrast sharply with those for the total population. The comparatively small number of deaf persons in service jobs may be accounted for by the premium such positions place on communication skills.

Despite the concentration in the manual occupations, the deaf are found in occupations bearing 400 distinct titles. Relatively large numbers were working as printing craftsmen, teachers, farmers, machine operators, laundry and dry cleaning workers, assembly line workers, dressmakers, and seamstresses. The industrial strongholds of the deaf were the printing and publishing industries as well as the schools for the deaf.

Income and Property Ownership

The median individual earnings from wages and salaries was $3,465 which was considerably above the national figure. Deaf men, however, earned less than hearing men if incomes at each occupational level are compared. On the other hand, deaf women earned about as much as hearing women.

*This Summary Report was prepared by EUGENE J. BRUTTEN, Ph.D., Assistant Professor, Department of Speech Correction, Southern Illinois University, Carbondale, Illinois.

[1] LUNDE, ANERS S. and BIGMAN, STANLEY K., *Occupational Conditions Among the Deaf*. Gallaudet College, Kendall Green, Washington 2, D.C.

About two fifths of the deaf owned their own homes and about three fifths owned cars.

Permanence and Stability of Employment

Of those employed during the 10 years preceding the survey, almost two thirds had held a job for five years or more. The figures suggest relatively little job mobility among the employed deaf.

RELATIONS OF HEARING LOSS AND COMMUNICATION SKILLS TO OCCUPATIONAL POSITION

Occupational Level

There was some evidence to suggest that the age of deafness was highest among farmers and unskilled laborers and decreased to a minimum among those in professional and technical occupations.

The degree of deafness showed a slight relationship with occupation in that the proportions who reportedly were totally deaf or nearly so were somewhat lower among the professional and clerical workers.

The means of communication used at work showed some variation with occupational level. The number of methods used decreased from the professional and technical workers to those in the lower occupational scale. Professional people used speech more than any other method and more than any other occupational group. Lip reading was used by over half of the professional workers whereas all other groups relied most heavily on writing.

Level of Earnings

Income level does not appear to be related to the degree of deafness. In contrast, speech, lip reading and, to a limited extent, finger spelling methods of communication were used by a larger proportion of those with high incomes than those with low incomes. Signing was used more by the low income groups.

Stability of Employment

Those born deaf showed slightly more job mobility than others. On the other hand, the totally deaf were apparently somewhat more stable than those with some residual hearing.

There does not appear to have been any relation between stability and means of communication used at work. However, those with the least lip reading ability and those who did not use hearing aids remained longest in a single job.

RELATIONS OF EDUCATION AND VOCATIONAL TRAINING TO OCCUPATIONAL POSITION

Formal Schooling and Level of Achievement

A functional relationship obtained between amount of formal education and occupational level. A similiar relationship was seen between education and income. But even at the highest income level used, only about one out of 5 had had as much as one year of college.

Vocational Training Used

The respondents were asked to indicate three trades studied in school and the extent to which they had practiced in these trades. Among the men, approximately 70% had *never* pursued a trade taught them, while among the women this was true in 80%. . .

There was a good deal of disparity in the occupational stability of those who entered a field in which they were trained. Among those who followed the trained occupation for at least five years, over 50% were in tailoring, shoemaking, and printing trades; 30% were professional jobs. The women, who maintained five year stability, ranged from 60% in domestic work, 40% in sewing, 20% in laundries; 15% in typing.

THE WORLD OF WORK AS SEEN BY THE DEAF

Perceived Attitudes of the Hearing Toward the Deaf

The deaf community sampled apparently does not view their hearing colleagues as unfriendly. Only 16 out of 8,744 respondents employed during the previous 10 years alleged prejudice and little more than 1% that the hearing workers were unfriendly.

Satisfaction with Conditions of Employment

The general satisfaction of the deaf with the conditions of employment may be viewed from an Index of Job Satisfaction constructed by soliciting opinions on working conditions, earnings, and opportunities for promotion. On this index 70% of the respondents were rated very high or high, 16% medium and 8% low or very low; the remaining 7% had given incomplete answers. A small but clear relationship was shown between a high degree of index measured satisfaction and: (1) less than complete hearing loss; (2) lip reading ability; and (3) use of hearing aids.

Occupational Preferences

The occupation held longest during the previous 10 years was compared with the kind of work for which the respondents would like to be trained were they starting fresh. Over half of the 3,900 deaf subjects indicated that they would prefer the same job or one at the same level of skill and status. This was especially true of persons in higher level jobs.

A Stay-Leave Index was constructed to determine the deaf communities' average occupational preferences. Only two occupational groups, the printing trades and the professions, showed holding power.

Of those who desire training in a new occupation, a comparison between those who would like to leave and those who would like to enter each field indicates: (1) Printing and professional endeavors, are attractive to those in and outside the field; (2) Common labor and dry-cleaning work, were unattractive to both groups; and (3) Business ownership and management, were more attractive to those outside.

IN CONCLUSION

The survey summarized here was exploratory in nature. In addition to filling certain informational gaps, supporting previous findings and pointing out important avenues of inquiry, the authors hope the questions broached will stimulate further research.

Legislation

THE YEAR IN RETROSPECT

THE introduction of *Asha* to the American Speech and Hearing Association membership in 1959 brought with it the first in a series of articles on State and Federal legislation. These articles have been included in *Asha* to help us achieve greater familiarity with legislative matters affecting the American Speech and Hearing Association and the pressing needs we are facing in the speech and hearing fields.

SENATE JOINT RESOLUTION 127–HOUSE JOINT RESOLUTION 488

THE one most important piece of legislation directly involving our interests this past year had its beginnings in House Joint Resolution 316, which was introduced in the House of Representatives by Congressman John E. Fogarty of Rhode Island, in the first session of the 86th Congress. This legislation had its origin in the efforts of Wesley Wilkerson, Jr., Chairman of the Board of the Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee. The basic purpose of House Joint Resolution 316 was to encourage the expansion of services in the field of speech and hearing through grants to universities and colleges for the training of speech pathologists and audiologists and for the acquisition of special equipment necessary for such training. In view of the fact that our most difficult and urgent need was the recruitment, selection and training of professional personnel so that schools, clinics and hearing and speech centers and other organizations might be adequately staffed, this bill was proposed to make available funds with which to encourage and promote the post-graduate training of professional personnel.

At the same time that this resolution was being introduced into the House of Representatives, a similar resolution pertaining to the education of classroom teachers of the deaf was being developed in the United States Senate under the guidance of Senator Lister Hill of Alabama. A series of meetings and conferences were held between the proponents of the two resolutions wherein the problems inherent in the resolutions as separate pieces of legislation and as a joint combined effort were discussed. It was eventually decided to combine the teacher of the deaf resolution and the core material of the Fogarty resolution and present it as one bill to the Senate. This combined effort was introduced in the Senate as Senate Joint Resolution 127.

Senate Joint Resolution 127 was introduced on August 6, 1959 by Senator Lister Hill of Alabama and co-sponsored by Senators Joseph S. Clark of Pennsylvania, Estes Kefauver of Tennessee, John F. Kennedy of Massachusetts, Levrett Saltonstall of Massachusetts, John Stennis of Mississippi, Stuart Symington of Missouri, and Alexander Wiley of Wisconsin. The resolution was referred to the Committee on Labor and Public Welfare for consideration.

Simultaneous with the introduction of S.J. Res. 127, an identical bill was introduced into the House by Congressman Fogarty as House Joint Resolution 488. On August 11, Congressman Carl Elliot introduced another identical bill and numerous other representatives sponsored identical legislation in the weeks that followed.

FRAMPTON STUDY WORKSHOPS–ELLIOT SUBCOMMITTEE HEARINGS

During this same period, the Subcommittee on Special Education of the Committee on Education and Labor of the United States House of Representatives decided to undertake a two year study of services in special education and rehabilitation. The need for a study of this type appeared to have grown out of a problem which faced the Subcommittee each year. During each session of Congress, the Subcommittee was reportedly faced with many bills that dealt with particular segments of the fields of Special Education and Rehabilitation. At no time did the Subcommittee have the opportunity to view the entire field in order to determine the effectiveness and adequacy of the present Federal program. This study was instituted to allow the committee members to gain a greater understanding of the fields of Special Education and Rehabilitation and the many problems and ramifications involved which would be necessary to their understanding in developing legislation for individuals in need of special education and rehabilitation services. It was the purpose of the Subcommittee, under the Chairmanship of Representative Carl Elliot of Alabama, to review existing legislation in these fields and analyze the Federal services available. It also intended to look into the contributions of States, localities, and national voluntary organizations that provided services in these fields.

The project covered an examination of the educational and rehabilitation services for the physically and mentally handicapped, including speech handicapped, blind, deaf, and emotionally disturbed children.

The preliminary outline for the Study of services, under the direction of Dr. Merle E. Frampton, principal of the New York School for the Education of the Blind, to the field of Special Education and Rehabilitation had three major objectives:

1. To discover the unmet needs in these areas; to screen these findings with the purpose of suggesting practical ways and means of solving the most pressing of these needs.

2. To review and analyze the adequacy of services now available; to ascertain whether there was duplication of services and agencies, including waste of Federal funds, if any.

3. To prepare legislation, if necessary, to achieve the foregoing.

FRAMPTON STUDY PLAN

A three-phase plan was established to implement these objectives. Part I was a compilation of all existing Federal legislation and developmental regulations affecting all areas of Special Education and Rehabilitation. Part II of the Study was conducted simultaneously with the completion of Part I. One aspect of Part II was in inquiry into professional and lay opinions on the unmet needs in Special Education and Rehabilitation and the existing facilities and services available throughout the country. This inquiry was carried out through a series of regional Workshops, using the talents and thinking of many of the nation's key personnel in Special Education and Rehabilitation. It was the purpose of the Workshops to produce a body of information appraising the Study staff of the immediate and long range needs in every section of the country. A series of Congressional hearings preceded by the Workshop meetings were held at central points throughout the country from October 1959 through May 1960. This included a study of the needs in the New York State Region, the New England Region, Southern Region, Eastern Atlantic Region, Northwest and Pacific Region and the Midwest Region. Congressional hearings by the Elliot Subcommittee were held following all Workshop meetings, with the exception of the Workshops held in the Northwest and Pacific Region.

Another aspect of Part II involved the Study staff in a review of the operation of the programs being carried out by the Federal Department and agencies in the field. This enabled the Study staff to obtain a total picture of the functioning of Federal assistance to Special Education and Rehabilitation.

All data obtained during the course of the Study is presently being analyzed for consideration by the Subcommittee and is expected to be released for publication in December 1960.

The Frampton Study Committee Workshops, although not directly related to S.J. Res. 127, H.J. Res. 488, H.J. Res. 494, etc., were indirectly related to the subsequent developments pertaining to this legislation. This Study Committee served as a resource committee for the House Subcommittee on Special Education and Rehabilitation.

SENATE HEARINGS–SENATE JOINT RESOLUTION 127

While the Frampton Study Committee was engaged in studying the problems in the field of special education and rehabilitation for the House Subcommittee on Special Education and Rehabilitation, legislative action began to develop in the Senate. Senate hearings on Senate Joint Resolution 127, Title I (Training of Teachers of the Deaf) and Title II (Training of Speech Pathologists and Audiologists) were held on April 21-22, 1960, in the New Senate Office Building in Washington. The hearings were scheduled by the Subcommittee on Health of the Senate Committee on Labor and Public Welfare. Senator Lister Hill is Chairman of both the Subcommittee on Health and the Senate Committee on Labor and Public Welfare.

George T. Pratt, President of the Alexander Graham Bell Association, Hugo F. Schunhoff, Lloyd A. Ambrosen, H. Latham Breunig, and Lillian Grosvenor Jones were invited to offer testimony for Title I. Officials from the Department of Health, Education and Welfare and from the Office of Education were also asked to testify.

Wesley Wilkerson, Jr., Chairman of the Board of the Bill Wilkerson Hearing and Speech Center in Nashville, Tennessee, Jack Matthews, Executive Vice-President of ASHA, Kenneth O. Johnson, Executive Secretary of ASHA, and George Shames, Associate Professor of Speech at the University of Pittsburgh were invited to offer testimony regarding Title II.

The Department of Health, Education and Welfare and the Budget Bureau presented negative reports on S.J. Res. 127. The Department of Health, Education and Welfare's position, which was supported by the Budget Bureau, stated in effect that while the objectives of the bill to help relieve serious shortages in specially trained teachers of the deaf, and speech and hearing clinicians were commendable, they were opposed to making large-scale Federal grants available on a long-term basis for financing the cost of training the additional teachers and clinicians that are needed. It was the Department's feeling that the primary responsibility for the development of training programs and for financing the costs of training should remain with the educational institutions and with the States and communities directly concerned. Secondly, it was their contention that the needs expressed by this bill, training of teachers of the deaf and training of speech pathologists and audiologists, were not of "sufficient priority" when weighed against other more pressing needs in the field of health and education to warrant enactment of a program of Federal aid at this time. Thirdly, it was their belief that the various agencies within the Department (Children's Bureau, Public Health Service and the Office of Vocational Rehabilitation) already had the authority to provide the services outlined in Title II.

It was the opinion of observers that the negative report submitted by the Department of Health, Education and Welfare was only a mild protest dictated by the Bureau of the Budget rather than by internal departmental considerations.

The United States Office of Education also had objected to Title I as well as Title II of S.J. Res. 127. Its objections to Title II appeared to be based principally on their desire to administer this Title. Taking up a similar position, the Executive Committee of the Council on Exceptional Children presented negative testimony relative to S.J. Res. 127. Although the Council acknowledged that S.J. Res. 127 was a "worthy bill" and agreed that additional professional workers were needed, it objected to the statutory description of the detailed composition of the Advisory Committee as indicated in both Titles I and II. Objection was also raised to the channeling of funds for professional education of personnel through service agencies. This statement was basically an objection to Title I. A further objection was raised regarding Title II because of the location of administrative control.

Although negative testimony was raised during the course of the hearings, Senator Hill's Committee appeared to receive the positive testimony regarding S.J. Res. 127 most enthusiastically and sympathetically.

Following the Senate hearing, a meeting was held with representatives of the Office of Education, Office of Voca-

tional Rehabilitation, the proponents of Title I and representatives of ASHA. As a result of this conference, several suggestions were included by amendment in S.J. Res. 127. With these revisions, S.J. Res. 127 passed the United States Senate, by a voiced vote, on May 27, 1960 and was referred to Representative Carl Elliot's Subcommittee on Special Education and Rehabilitation on May 31, 1960 for study and legislative action. S.J. Res. 127 was essentially identical to H.J. Res. 488 and H.J. Res. 494, both of which were already familiar to the House Committee members. In general, it had seemed that the Committee, although familiar with H.J. Res. 488 and 494 in terms of observation and discussion, had taken little, if any, action on these resolutions in the past.

At this point, there appeared to be some doubt as to the course of action which the House Subcommittee would take on these resolutions. Although it was felt that the House might possibly be moved to act during the 86th session of Congress, there was some indication that Congressman Elliot would not move ahead on separate legislation until the Frampton Study Workshops had been completed and he had the opportunity to evaluate the information obtained, even though the pressing needs in the speech and hearing fields had already been sustantiated by the information placed before the Senate Committee and the Workshops which had been completed previously.

HOUSE JOINT RESOLUTION 12328—BARDEN BILL

At the same time that this legislative action was in process in the House, another legislative move was being made which appeared to cloud rather than to clear the picture. On May 23, 1960, Congressman Barden, Chairman of the House Committee on Education and Labor, submitted his own bill, H.J. Res. 12328. This bill was apparently meant to be an omnibus type special education and rehabilitation bill relating to the whole field of special education as opposed to the two specific areas having to do with the training of teachers of the deaf and training of speech pathologists and audiologists, which were the focal points in S.J. Res. 127 and H.J. Res. 488 and 494.

The purpose of the Barden Bill was to extend and improve the special education and rehabilitation services provided by the Federal Government. It proposed the creation within the Department of Health, Education and Welfare a new "agency" to be known as the "Agency for Special Education and Rehabilitation," and stated that within the Agency there would be a Division of Rehabilitation and a Division of Special Education. The Agency would be under the charge of an Administrator appointed by the Secretary of the Department of Health, Education and Welfare who would perform his duties under the direction and supervision of the Secretary. It proposed an Interagency Council whose function would be to provide an opportunity for various agencies of the Federal Government having programs relating to Special Education or Rehabilitation of the handicapped to coordinate their efforts. It also proposed a joint Congressional Committee on Special Education and Rehabilitation consisting of three Senators and three members of the House of Representatives. The function of this committee would be to make a continuous study of the administration of programs relating to rehabilitation and special education of the handicapped, with a view to determining means by which special programs could be improved. It also proposed taking of censuses of persons in need of rehabilitation and special education.

It carried a Title II dealing with special education which provided $1,000 per year support grants for persons in training on the undergraduate or graduate level in the fields of special education, but did not provide financial aid to training centers for training these persons. It provided fellowships for those persons who were already qualified as clinicians in the field of special education to enable them to pursue further graduate study. In connection with the fellowship program, there was provided financial aid to institutions of higher education to cover the average cost per person to the institution for providing instruction for such fellowships, but not more than $1,500 per academic year.

The bill also proposed grants to States and public and nonprofit organizations and agencies for: (1) special projects for research, demonstrations, short-term training and projects to provide specialized facilities and equipment; (2) planning, preparing for, and initiating new programs in a field of special education; (3) expanding or improving supervisory or related services in public elementary and secondary schools in a field of special education; and (4) administration of a State's program for special education.

It would seem that H.J. Res. 12328 was a direct outgrowth of the Frampton Workshop sessions and the Elliot Subcommittee hearings. It would appear that this bill may not pass future sessions of Congress, in that several of its proposals parallel the current functions provided by the Office of Vocational Rehabilitation.

The introduction of an omnibus bill prior to the publication of the findings of the Frampton Study Committee appeared instrumental in confusing the issue regarding the passage of House Joint Resolutions 488 and 494.

The 86th Congress adjourned without taking action on H.J. Res. 488 and 494 or H.J. Res. 12328. As a result, S.J. Res. 127, passed by the Senate, was not made into law.

The opposition of the Office of Education and special education groups contributed to the resulting absence of Federal laws supporting Speech Pathology and Audiology training programs. As has been stated in an earlier issue of *Asha* (June, 1960), the position taken by the Office of Education and by several special education groups appeared to be an unfortunate means of expressing a desire for administrative control of possible legislation in this field. To educators of the deaf and members of ASHA, this action would seem to be a direct contradiction of their basic purposes. It was hoped that these groups would have been more supportive of the needs of the speech and hearing and deaf education fields as well as the needs of the thousands of speech and hearing handicapped children and adults throughout the United States.

Legislation regarding the field of speech and hearing will necessitate a reintroduction of resolutions (S.J. Res. 127, H.J. Res. 488 and 494) or similar resolutions in the 87th Congress when it convenes. It is questionable whether further legislation for the speech and hearing and education of the deaf fields would be passed in view of the strong opposition it faces from the Office of Education and Special Education groups. **S.L.B.**

State Associations

THE FIRST meeting of the House of State Delegates was held at the 1960 ASHA Convention in Los Angeles. The House of State Delegates was created, by the Executive Council of ASHA, in an effort to bring responsibility for the development of our profession closer to each of us. Through this system of representation of State Speech and Hearing Associations, the delegates, and consequently the state associations will have a significant voice in the direction and development of the speech and hearing programs in this country.

The States currently comprising the House of State Delegates include: Kentucky, Iowa, Minnesota, Washington, Oregon, Kansas, Virginia, Illinois, California, Louisiana, Missouri, Colorado and Florida. The last seven States, the most recent additions to the House, were approved during the summer and early fall of 1960.

A report of the proceedings of the first meeting of the House of State Delegates will appear in a future issue of *Asha*.

ARIZONA

The Arizona Speech and Hearing Association was formed April 16, 1960 at Arizona State University in Tempe, Arizona. A tentative Constitution was accepted by the membership at the initial meeting. The newly elected officers of the Association are: President, Charles Tait; Vice-President, Alan Slaughter; Secretary, Rosalie Schlegelmilch; and Treasurer, Kathleen Shogren. An eventual membership of approximately seventy persons is anticipated.

The Association's second meeting was held in October at the University of Arizona in Tucson, Arizona. Purpose of this meeting was to adopt a Revised Constitution to conform to the requirements necessary for obtaining affiliation with ASHA and membership in the House of State Delegates.

CALIFORNIA

The ASHA Executive Council approved the application of the California Speech and Hearing Association in August, 1960. The CSHA has 598 members having voting privileges, 309 of whom are members of the American Speech and Hearing Association. Officers of the California Speech and Hearing Association are: President, J. J. Thompson; Vice-President, Elise Hahn; Secretary, Erta V. Penn; and Treasurer, Mildred Crerar.

The Northern Section of the CSHA presented a Stuttering Symposium at the University of California Medical Center on July 1st. Participants included: Jon Eisenson, Professor of Speech and Director of the Speech and Hearing Clinic, Queens College; Joseph G. Sheehan, Associate Professor of psychology, University of California in Los Angeles; Robert West, Professor of Speech and Director of the Speech and Hearing Center, Brooklyn College; and Dean Williams, Associate Professor of Speech Pathology and Audiology, University of Iowa. The morning sessions were devoted to the presentation of formal papers by each participant regarding the nature and causes of stuttering. The afternoon was spent in a panel presentation, with Elise Hahn, Associate Professor of Speech, University of California in Los Angeles as moderator. Discussion centered around treatment and counseling with respect to stuttering problems. Approximately 300 people were in attendance at this symposium including students from the various colleges of Northern California in the field of speech and hearing.

The Northern Section of CSHA has recently established a committee to obtain tape recordings of conferences, speeches and other interesting materials relevant to the field of speech and hearing. These recordings will be made available to interested members of the Association.

COLORADO

The ASHA Executive Council approved the application of the Colorado Speech and Hearing Association in August, 1960. The CSHA has 79 members having voting privileges, 52 of whom are members of ASHA. Officers of the Colorado Speech and Hearing Association are: President, Milton Valentine; Vice-President, Adeline Diehl; Secretary, Virginia Scott; and Treasurer, Verne Ahlberg.

The Colorado Speech and Hearing Association's annual summer luncheon meeting was held July 30 at Boulder, Colorado. Professor Pierre De Lattre, of Haskins Laboratory, New York, presented a talk and film on "Synthesized Speech."

CONNECTICUT

Nancy Wood of the Cleveland Speech and Hearing Center was the guest speaker at the spring conference of the Connecticut Speech and Hearing Association held at the University of Connecticut. The conference was devoted to lectures and discussion of childhood aphasia including characteristics of identification, necessary educational programs, parent programs and research problems. The following officers were elected to serve the Association for 1960-61: President, Robert Hejna; Vice-President, Edward McLaughlin; Treasurer, Achille Riello; and Secretary, Robert Antanaitis.

FLORIDA

The ASHA Executive Council approved the application of the Florida Speech and Hearing Association in September, 1960. The FSHA has 114 members having voting privileges, 68 of whom are members of the American Speech and Hearing Association. Betty W. Phillips, Head of the Speech and Hearing Department of the United Cerebral Palsy Rehabilitation Center in Miami is President of the Association. Other officers of the FSHA include: Vice-President, L. L. Schendel; Secretary-Treasurer, Shirley Berger; Historian, Jack Bensen; and Editor, Estelle Moskowitz.

This young organization has held four conferences throughout the state and is looking forward in its third year to increase its growth and service, not only to its members, but in fields of public education and recruitment as well.

ILLINOIS

The ASHA Executive Council approved the application of the Illinois Speech and Hearing Association in August, 1960. The ISHA has 224 members having voting privileges, 127 of whom are members of ASHA. The officers of the Illinois Speech and Hearing Association are: President, I. P. Brackett; Vice-President, John J. O'Neill; Secretary, Guy H. Mahan; Treasurer, Maurice Eugene Norris; and National Delegates, Mildred F. Berry and Donald C. Davis.

KANSAS

The Kansas Speech and Hearing Association gave birth to its first publication during the spring of 1960. James N. Neelley, Assistant Director of the Speech and Hearing Clinic at the University of Kansas, is the Editor of this new publication, the KSHA Bulletin. Officers for KSHA are: President, William D. McClelland; Executive Vice-President, James McLean; Vice-President, Margaret C. Byrne; Secretary-Treasurer, Geneva Herndon; and Member-at-Large, William M. Diedrich.

LOUISIANA

The ASHA Executive Council approved the application of the Louisiana Speech and Hearing Association in July, 1960. The LSHA has 42 members having voting privileges, 36 of whom are members of the American Speech and Hearing Association. The officers of LSHA are: President, Clifton F. Lawrence; Vice-President, Carolyn Jones; Secretary-Treasurer, Margaret Warren; and National Delegate, C. Cordelia Brong.

MISSOURI

The ASHA Executive Council approved the application of the Missouri Speech and Hearing Association in August, 1960. The MSHA has 94 members having voting privileges, 55 of whom are members of ASHA. The officers of the Missouri Speech and Hearing Association are: President, Thelma Trombly; Vice-President, Frank Wilson; Secretary, Jeane Stern; and Treasurer, Lin Welch.

NEW JERSEY

The New Jersey Speech and Hearing Association has announced the following slate of officers for 1960-61: President, Louis Stoia; Vice-President, Michael Marge; Recording Secretary, Lois B. Cook; Corresponding Secretary, Ann Seidler; and Treasurer, Alice Spitzner.

VIRGINIA

The ASHA Executive Council approved the application of the Virginia Speech and Hearing Association in June, 1960. The VSHA has 67 members having voting privileges, 39 of whom are members of the American Speech and Hearing Association. The officers of VSHA are: President, Libby Radus; Past-President, James M. Mullendore; Vice-President, Helen G. Burr; and Secretary-Treasurer, Joseph Blanton.

S.L.B.

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Your Committees in Action

AMERICAN SPEECH AND HEARING CERTIFICATION AWARDED July 1, 1960

The following members were awarded certification July 1, 1960. Certification awards will be printed in *Asha* 3 times annually following the official certification dates of March 1, July 1, and November 1.

Adler, Seymour ..... BS
Angel, Roberta ..... BS
Archer Jane B. ..... AS
Archer, Ronald E. ..... BS
Artes, Richard ..... AS
*Barket, Darlene ..... BS
Beamer, Dorothy W. ..... BS
Beittel, Marylin ..... BS
Belcher, Patricia ..... BS
Berger, Shirley A. ..... BS
Berlin, Sol ..... AS
Bersinger, Don D. ..... AS
Best, La Var G. ..... BH
Billeaud, Frances ..... BS
Bissell, Norman E. ... BS-Prov
Boehmler, Richard M. ..... AS
Bonderow, Helene .... BS-Prov
Boyer, Ernest L. ..... BS
Bradley, Doris P. .... BS-Prov
Breitenfeldt, D. H. ..... AS
Burtscher, Henry T. ..... AS
Caillet, Paul R. ..... BH
Calamaras, Peter ..... AS
Carmichael, Mary M. .... BS
Carnell, C. Mitchell, Jr. .... BS
Carrow, Sr. Mary A. ..... AS
Cassidy, Barbara A. .. BS-Prov
Ceriotti, Mary Ann ..... BS
Chevron, Val ..... BS
Christensen, Ned Jay ..... BH
Clinard, W. D. ..... AS, AH
Clopper, Donald L. ..... BS
Cochran, Corydon ..... BS
Cockrum, Emily S. ..... BS
Cogen, Karen J. ..... BS-Prov
Cole, Jane ..... BS-Prov
Coleman, Patricia .... BS-Prov
Conn, Peggy A. ..... BH-Prov
Cook, Darrell R. ..... BS
Cook, Helen A. ..... BS
Coope, Beverly R. ..... BS
Copeland, Pauline B. ..... AS
Crabtree, Margaret ..... AS
Cullinan, Elnora T. .. BS-Prov
Curtis, Warren S. ..... BS, Spon-Sp
Cutler, S. James ..... BH
Czvik, Patsy R. ..... BS
*Danks, Rose M. ..... BS
Davidson, G. Don .... Spon-H
*Davidson, (Lydia) Ann .. BS
Deering, Janice S. ..... BS
DeHaven, Nancy R. .. BS-Prov
Delhommer, Janet A. ..... BS
De Lisle Anita L. ..... BS
DeMonbreun, Charlene ... BS
DeWitt, Sally A. ..... BS-Prov
Dougherty, Sr. M. P. .... AS
Dulmage, Helen G. ..... BS
Dwyer, Marjorie ..... BS
*Eiche, Mary O. ..... BS
Ellenwood, John W. ..... BS
English, Robert H. ..... BS
Erickson, Robert L. ..... BS
Estes, Sally C. ..... BS
Falick, Renee ..... BS
Farmer, L. Judson ..... BS
Favors, Aaron ..... BS-Prov
Feldman, Charlotte L. ..... BS-Prov
Fields, Patricia ..... BS
Fitzgerald, Sr. Mary C. ..... BH-Prov
Flint, Richard W. ..... BH
Flum, Leonard ..... BS
Foerg, Mary Jo ..... BS
Foreman, Lydia M. .. BS-Prov
Fulton, Robert T. ..... BS
Gabriella, Sr. M. (La Ganga) ..... BS
Garfinkel, Lorraine ..... BS
Garrett, Deloris B. ..... BS
Ghitter, Rosalyn V. ..... BS
Gilbert, Gwendolyn ..... BS
Gilbert, Natalie Helen ..... BS-Prov
Girardeau, Georgia ..... BS-Prov, Spon-H
Gold, Grace L. ..... BS-Prov
Goldman, Ronald ..... AS
Golub, Arnold J. ..... AS
Gonzales, Norma .... BS-Prov
Gough, Bette E. ..... BS
Graff, Roberta D. ..... BS
Graham, A. Bruce ..... AH
Graham, Josephine ..... BS
Greenberg, Marjorie W. ..... BS
Hadjian, Sophie ..... BS-Prov
Hahn, Patricia ..... BS-Prov
Halker, Carl M. ..... BS-Prov
Haller, Raphael ..... AS
Ham, Richard E. ..... AS
Hammann, Andrea ..... BS
Hand, Martha ..... BS
Harrington, Joan H. ..... BS
Healey, Patricia ..... BS
Heinemann, Audrey ..... BS
Herbert, Anne W. .... BS-Prov
Herbst, Irwin ..... BS
Herr, Beverly B. ..... BS
Herring, La Vada ..... BS
*Herritage, Marjorie ..... BS
Hitch, Jeanette C. .... Spon-Sp
Hoisch, Ruth P. ..... BS
Holman, Margaret .... BS-Prov
Hughes, R. L. ..... AS, BH
Jacobsen, Marietta ..... BS
Jacquot, Willard S. ..... BS
Jensen, Jay R. ..... BS
*Jordan, Elizabeth ..... BS
Katz, Faye G. ..... BS
*Kent, Louise R. ..... BS-Prov
Knox, Barbara D. ..... BH
Kohler, Jill M. ..... BS-Prov
Komp, Nancy ..... BS
Kosoff, Tess O. ..... BS
Landers, Marcia-Jo ..... BS
Landy, Naomi ..... AS
Lasky, Elaine Z. ..... BS
Lawson, T. O., Jr. .. BH-Prov
Lee, Wanda W. ..... AS
Lewis, Nena Kate ..... BS
Lightfoot, Charles .... AS, AH
Loew, Carole N. .... BS-Prov
Logan, R. L. ..... BS
Lore, James I. ..... BH-Prov
Lutz, K. R. ..... BS-Prov
Marcus, E. Inez ..... BS
Mardon, Sheila ..... BS-Prov
Marean, C. E. ..... BS
Matheny, Patricia ..... AS, BH, Spon-H
Mathews, Phyllis A. ..... BS
Melland, Betty ..... BS
Merklein, Richard ..... BH
Methven, Margaret ..... BS
Meyerovitch, Louise .. BS-Prov
Miescher, Frances ..... AS
Miles, Madeline ..... AS
Miller, Evelyn W. ..... BS
Miller, Sandra ..... BS
Monroe, W. M. ..... BS-Prov
Moore, Marlyn D. .... Spon-Sp
Musket, Carolyn H. ..... BH
Myers, Ann P. ..... BS, BH
Neeley, Lambert ..... AS
Nelson, C. D. ..... BS
Nesbit, Barbara ..... BS
Newby, Hayes A. ..... AS
Nielsen, Dorothy .... Spon-Sp
Nielson, Melvin A. .... BS, AS
Nober, Harris ..... AS
Okada, Agnes A. .... BS, BH
Ostrov, Dan ..... BS
Pacini, Claudette ..... BS
Palacios, Donna ..... BS
Palmer, David E. ..... AS
Pasztor, Elisabeth ..... BS
Patil, Adeline K. ..... BS
Pickering, Marisue ..... BS
Platt, Roberta S. ..... BS
Plotkin, Eve ..... BS
Pollock, K. C. ..... BS, BH
Pomerantz, Harris .... BS, BH
Prather, Wm. ..... Spon-H
Pritchett, E. M. ..... BS
Rabinowitz, Barbara ..... BS
Radel, Gale A. ..... BS
Ralston, Marlene ..... BS
*Ritter, Mary S. ..... BS
Robertson, Helen D. ..... BS
*Ross, Elizabeth L. ..... BS
Rotter, Paul ..... BH
Ruhland, Carol ..... BS
Santmyer, Julia R. BH, Spon-Sp
Scharlott, Beverly ..... BS
Schroeter, Celia ..... BS
Schultz, Marilyn ..... BS
Schuman, Earl ..... BH-Prov
Seitz, Ray R. ..... BS-Prov
Sheldon, Beulah ..... BS
Shelton, Ralph ..... Spon-Sp
Shrum, William ..... BS-Prov
Sikora, Shirley ..... BS
Silber, Eileen ..... BH
Singer, Louis ..... BS
Smith, Frances ..... BS
Smith, Raymond ..... BS
*Snyder, Jack ..... BH
Soehlke, Mary ..... BS
Spector, Cecile ..... BS-Prov
Stallcup, Thomas ..... BH
Steppan, Mary ..... BS
Stern, Jeane ..... AH
Stewart, Mary E. ..... BS
Stewart, Nancy P. ..... BS
Stoicheff, Margaret BS, Spon-Sp
Stone, Hortense ..... BS
Stone, Welton S. ..... BS
Stovall, Barbara M. .. BS-Prov
Straka, Arline C. .... BS-Prov
*Strenk, Barbara .... BS-Prov
Stuart, Keith E. ..... BS
Sykes, Gaile A. ..... BS-Prov
Tays, Edwin H. ..... BS
Teague, Rebecca W. ..... BH
*Tiemann, Joann L. ..... BS, Spon-Sp
Timmons, Nancy A. ..... BS
Tokash, Nell Porter ..... BS
Tvedt, Mary Kathleen .... BS
Torrence, Chauncey ... AS, BH
Tyson, James D. ..... AS
Wagman, Rose ..... BS
Wahlton, R. E. ..... BH-Prov
Wall, Kathleen B. ..... BS
Walker, Jerry O. ..... BS
Walker, Norma G. .... BS-Prov
Weaver, John B. ..... BH
Weinberg, Marjorie ..... BS
Weiner, Johanna ..... BS-Prov
Weintraub, Annette ..... BH
Weisberger, Stanley ..... BS
Wendrow, Sylvia ..... BS
Werblow, Elizabeth ..... BS
Whitehead, Margaret ..... BS
Whitman, Adrienne ..... BS
Widmayer, Jane ..... BS
Willbrand, Mary ..... BS-Prov
Williams, Patricia V. ..... BS
Wilson, Martha B. .... BS-Prov
Wiltz, Muriel R. ..... BS
Wintercorn, Eleanor ..... BS
Wolf, Enid G. ..... BS
Wright, Herbert .. BH, Spon-H
Young, Norton B. ..... BH
*Zaremba, Loydell J. ..... BS
Zimmerman, Susan ..... BS

*Additional steps must be taken before the certification process is complete, e.g., payment of membership dues or certification fees, etc.

Note: Abbreviations are as follows: BS, Basic Speech; BH, Basic Hearing; AS, Advanced Speech; AH, Advanced Hearing; Spon-SP, Sponsor Privilege in Speech; Spon-H, Sponsor Privilege in Hearing; BS-Prov, Basic Speech Provisional; BH-Prov, Basic Hearing Provisional.

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Clinical and Educational Materials

FILMS

The following films are distributed by CIBA Pharmaceutical Production, Inc., Summit, New Jersey. Transcripts of sound tract are included with purchase. All films are available for preview screening prior to purchase, and are also available for rent through the Audio-Visual Department of Wayne State University College of Medicine in Detroit. These films were shown in the Film Theatre at the ASHA Annual Convention, Los Angeles.

Watch for reviews by Speech Pathologists and Physicians in this section of *Asha*.

PHYSICAL DIAGNOSIS FILM SERIES (First Notice) F. J. Margolis, Director of Audio-Visual Education, College of Medicine, Wayne State University, and a Committee appointed by ASHA, have developed the three following films which will be of interest to all persons in the areas of speech and hearing, but of particular interest to instructors in Audiology and Speech Pathology. From him comes the statement "We have had wonderful cooperation for some of the finest teachers in both the speech and medical fields in producing this material."

THE EAR AND HEARING, George Shambaugh, M.D. and Frederic L. Darley, Ph.D., January 1960. This film, in which the story of hearing is so dramatically portrayed, begins with a chart demonstration of the anatomy and the innervation of the ear. Following this are basic techniques for the examination of the auditory canal, tympanic membrane, Eustachian tube and the middle ear. Methods of determining the patency of the Eustachian tube and the function of the labyrinth are included. Endoscopic, magnified close-ups show the effects of various diseases upon the ear drum and what lies immediately behind. The differentiation between hearing loss due to faulty bone conduction and that due to faulty air conduction are demonstrated by the means of various tests. Three persons are presented, who illustrate the types of speech exhibited when individuals have different degrees of loss and when the hearing has been impaired for different lengths of time. Sound, color. 28 minutes. Price $165.

THE LARYNX, Paul Holinger, M.D., 1960. The mechanics of speech are shown by animation. The different etiological factors leading to hoarseness are discussed. Voice quality problems are described. Procedures of the examination of the larynx with mirror and laryngoscope are demonstrated. Superb endoscopic photography enables one to get a direct view of the pathology present in different types of paralysis of the vocal cords, cancer, and polyps. Sound, color. 15 minutes. Price $90.

INTRODUCTION OF SPEECH PROBLEMS, Frederic L. Darley, Ph.D., and Charles Van Riper, Ph.D., 1960. These two speech pathologists present 12 individuals with problems of speech, sound mastery, stuttering, cleft palate, speech retardation, aphasia and dysarthria. This film not only points out the problems, but also demonstrates what can be done to habilitate and rehabilitate individuals through the media of speech therapy, surgery and prosthodontia. Of this presentation, a physician has written, ". . . Van Riper and Darley present a series of patients that gives us in medicine a view of the broad speech pathology field and an idea of the implications." Sound, color. 27 minutes. Price $165.

PUBLICATIONS

SPEECH AND HEARING SERVICES, (a design for program development), Bulletin #93, Geraldine Garrison, June 1960, State Department of Ed., Hartford, Conn. This 58-page, State Department bulletin, is truly "a design for program development," to meet the objective of speech and hearing education, that of developing the total speaking personality of each child, so that he may exchange his thoughts with others and more successfully take his place in society. Comprehensively and concisely the author presents information concerning all aspects of the development and execution of speech and hearing services in public school systems. For administrators, speech teachers, classroom teachers, and parents, she includes such topics as, the school's responsibility for speech and hearing services; identification of children; instructional program; facilities, materials and records; supervision; education of deaf children; hearing conservation programs; and the preparation and certification of teachers and state services and grants in Connecticut. In the Appendix, there are 18 forms representative of all parts of a well-ordered program of speech and hearing services.

Readers are urged to contact Mrs. Vivian I. Roe, Department of Speech, Alabama College, Montevallo, Alabama, Associate Editor of CLINICAL AND EDUCATIONAL MATERIALS, if they have information of pertinence to this Department.

AN ANNOTATED BIBLIOGRAPHY OF SELECTED REFERENCES IN CEREBRAL PALSY FOR PROFESSIONAL PERSONNEL AND PARENTS, L. Leon Reid, Melba M. Miller, William G. Wolfe, 1960, Stanwix House, Inc., 3020 Chartiers Avenue, Pittsburgh 4, Pa. This publication, to meet the ever increasing demand for selected reading materials, is the result of the combined efforts of three professional educators who have had a long-time interest in assembling the literature that has bearing on the many aspects of Cerebral Palsy. A wide range of literature is represented, extending over a long period of time. Over 600 entries are included, each with a descriptive annotation. "The Index of Authors," and "The Index of Categories" serve as a cross reference and guide to those

references which are most appropriate to the reader's needs. An Index of Journals lists the name and address of those publications credited in the bibliography. This publication should prove invaluable to professional personnel in Speech Pathology and related areas as well as to parents of the cerebral palsied, volunteer workers, and others who wish to develop a better understanding of the multiple problems involved in Cerebral Palsy. This paper-bound book is comprised of 84 pages of bibliography, plus 16 pages of introductory copy, and indexes. Price $2.25.

INFORMATION BULLETIN—AUDIOLOGY (Department of Medicine and Surgery), March 1960. Published and distributed by authority of Linus A. Zink, M.D., Assistant Chief Medical Director for Operations of the Veterans Administration. The text of the bulletin, which deals specifically with *The Determination of Hearing Loss* was prepared by Raymond Carhart, V.A. Consultant in Audiology, in collaboration with the Disability Policy Board, Compensation and Pension Service and the Chief of Audiology and Speech Correction, Physical Medicine and Rehabilitation Service in the Department of Medicine and Surgery. The contents are designed to describe procedures for measuring hearing losses in veterans; to review the nature of auditory impairments; to present principles of puretone and speech audiometry—advantages and disadvantages; to interpret audiometric findings; to outline special types of hearing loss encountered; and to summarize modern tests for distinguishing nonorganic from organic hearing losses. Administration and interpretation of the following tests are comprehensively described, analyzed and evaluated as follows: (1) Galvanic Skin Resistance Audiometry; (3) The Doerfler-Stewart Test; (3) The Delayed Feedback Test; (4) The Stenger Technique; (5) The Shifting Speech Level Test. In addition the *Philosophy of the Audiological Assessment of Social Efficiency* as it pertains to Veterans is discussed in detail. This bulletin, already in great demand, may be purchased at 15 cents per copy or with a 25% reduction with a purchase of 100 or more. Requests should be directed to: Information Bulletin IB10-115, Audiology, Superintendent of Documents, Government Printing Office, Washington 25, D. C.

BOOKS, FOR THE PROFESSIONAL LIBRARY OF THE SPEECH AND HEARING THERAPIST, Compiled by Morris Val Jones, June 1960. This bibliography, which has been revised for the sixth time, following advice from a nationwide sampling of speech and hearing specialists, may be used as a guide to establishing a professional library. In this list of 100 books, a balance has been maintained among the various subareas which comprise the competencies of the dual profession. This bibliography should be of great value to Speech and Hearing Therapists, who, at the beginning of their careers, often have a limited budget for books; for those, whether employed in public schools, college clinics, or medical settings, who find that their access to books about child development, psychiatry, neurology, speech pathology, audiology and related areas, is usually inadequate to their needs. It may be obtained by writing Morris Val Jones, Ph.D., Speech and Hearing Therapy School for Cerebral Palsied Children, Merced and Winston Drive, San Francisco, Calif.

SUGGESTIONS TO THE PARENTS OF A HARD-OF-HEARING CHILD, Gloria Hoversten and Jacqueline Keaster, 1958. Distributed by W. L. Benedict, Executive Secretary, of the American Academy of Ophthalmology and Otolaryngology, The Mayo Clinic, Rochester, Minnesota. This booket, written by the same authors of *Suggestions to the Parents of a Deaf Child* (Listed in July 1960 issue of ASHA), provides very specific and realistic answers to many of the questions which confronted "Peter's" parents upon being told that their son had a real hearing loss and the kind of loss for which there was no cure. What the hard-of-hearing child may hear; how he develops speech and vocabulary; how he learns to understand speech; how he can make better use of his hearing with and without a hearing aid are some of the matters discussed. Also the ways in which the parents may listen to, talk to and seek professional help for the hard-of-hearing child are expanded upon. The bibliographies for parents, for Peter, as well as the names of records which he may enjoy, conclude this publication which should serve as a guide and at the same time give assurance and reassurance to any parent whose child is hard-of-hearing.

OTHER MATERIALS

VERBAL LANGUAGE DEVELOPMENT SCALE. Merlin J. Mecham, 1958. Published by Educational Test Bureau. This scale is an extension of the Vineland Social Maturity Scale and measures the total verbal language development of a child in terms of language age. As is the case with the Vineland Scale, the method of administering this scale is the informant-interview method. Usually the parent or teacher is the one who is interviewed. The scale has been tentatively standardized on normal speaking children and meets with the standard criteria of test acceptability. It has been found useful clinically in the language assessment of cerebral palsied, deaf, hard-of-hearing, aphasoid, mentally retarded and emotionally involved children. The manual of directions includes detailed item definitions and instructions for administering the scale. Score sheets are available for recording the item responses and total test score. The author is presently Associate Professor of Speech at Brigham Young University and Director of Preschool Speech Clinic.

IS YOUR CHILD BEGINNING TO STUTTER, Elvena Miller, 1960, Interstate Printers and Publishers, Danville, Illinois. This 20-page booklet, which is a revision of a 1952 publication by the same author, is aimed at the prevention of the development of stuttering. With warmth and clarity, Miss Miller describes the subject of stuttering and explains how and why stuttering develops. She also points out the mistaken ideas about stuttering and tells the reader what can be done for the *nonfluent* child and a so-called *real stutterer*. The contents of this booklet should be reassuring to those who suspect their child is stuttering and to those who really have some one in their family who stutters. Ways are suggested to help the stuttering child to live and speak more comfortably in his environment. At the end of the booklet is a list of helpful readings for parents and teachers. This booklet, written from a great fund of knowledge and experience, should prove valuable in the counseling of parents and teachers of children with problems of nonfluency of varying

degrees. Also, it is descriptively and comprehensively written so that teachers could benefit from reading it without the aid of counseling. The list price is 50 cents per copy.

AUDIO VISUAL MATERIALS

THE LARADON ARTICULATION SCALE, William Edmonson, distributors Laradon Hall, E. 51st & Lincoln, Denver 16, Colo. This articulation scale is designed to aid in the evaluation of articulation problems. An age score may be calculated in years and months which will indicate whether a child's articulation scale is within the outside limits for his age level. The author indicates that a child who makes an Articulation Age below his chronological age lies within the lower 10% of his age level. The 111 picture cards are the size of typing paper, 8½ x 11. Background distractions are to a minimum. Administration and scoring are simple. A short form is designed for screening purposes. "The content validity of the scale should be high since there is built into the scale, representative proportions of the relative frequency of each phoneme, a representative sample of various types of blends, and a phonemic approach to the analysis of sound groups." The reliability of the scale is based upon Mildred C. Templin's study, *Certain Language Skills in Children*. Though the scale itself is not standardized, it is offered as a design for further research, and is sufficiently valid for present clinical use. Manual, 111 cards, and 20 score sheets—$8.00; Extra score sheets—20 for $1.00; Spiral binder, $1.00; Postage pre-paid.

MAGNETIC BULLETIN BOARD, available at Visual Aid Materials Co., 3212 Butler Ave., Los Angeles 66, Calif. This board is size 2 x 3 feet, is extremely sturdy because of the 3/16 inch hard board backing and aluminum frame. Designed for vertical or horizontal installation on a permanent or temporary basis, it comes equipped with chalk eraser and 20 magnets, and can be used for display pictures, documents, messages, words, etc., or in situations where a flannel or bulletin board would be used. Price $19.95, postpaid, California residents add 4% sales tax.

REPRINT

MALFUNCTION OF THE TONGUE, PART I: THE ABNORMAL SWALLOWING HABIT: ITS CAUSE, EFFECTS AND RESULTS IN RELATION TO ORTHODONTIC TREATMENT AND SPEECH THERAPY, Walter J. Straub, D.D.S. This report gives reviews of the literature and discusses the etiology of abnormal swallowing habits. It includes a description of the development of normal swallowing habits accompanied by descriptions and illustrations demonstrating the effects of the abnormal habits on tongue, teeth and respiration. The results and conclusions stated follow the keeping of records of 478 patients, seen between June 1943 and January 1957, who represented abnormal swallowing. This reprint should prove to be of interest to individuals concerned with "tongue thrust," and various kinds of mal-occlusions. Copies may be obtained by writing the Rocky Mountain Metal Products Co., 1450 Galapago, P. O. Box 1887, Denver, Colorado. (This company is responsible for Market research of the Nuk Sauder Nursing products—ASHA July, 1960, p. 229.)

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News and Announcements

TRAINING GRANTS IN SPEECH PATHOLOGY AND AUDIOLOGY

THE Office of Vocational Rehabilitation of the Department of Health, Education, and Welfare awarded Training Grants in Speech Pathology and Audiology to the following schools for the academic year, 1960-61:

Stanford Univ., Div., Sp. Pathol. and Audiol., 300 Pasteur Dr., Palo Alto, Calif.
Virgil A. Anderson, Dir.

Univ. of Southern Calif., Dept., Sp., Univ. Park, Los Angeles 7, Calif.
William H. Perkins, Assoc. Prof.

Univ. of Denver, Sch., Sp., Denver 10, Colo.
Ruth M. Clark, Dir., Sp. Clinic.

Univ. of Fla., Dept., Sp., Gainesville, Fla.
R. E. Tew, Assoc. Prof.

Northwestern Univ., Dept., Communicative Disorders, Evanston, Ill.
David Dickson, Asst. Prof.

Southern Ill. Univ., Dept., Sp. Correction, Carbondale, Ill.
H. H. Gregory, OVR Proj. Dir.

Univ. of Ill., Dept., Sp., 204a Lincoln Hall, Urbana, Ill.
John J. O'Neill, Prof.

Indiana Univ., Dept., Sp., and Theatre, Bloomington, Ind.
Robert Milisen, Dir., Sp. and Hearing Clinic.

Purdue Univ., Sp. and Hearing Clinic, Lafayette, Ind.
M. D. Steer, Dir.

State Univ. of Iowa, Dept., Sp. Pathol. and Audiol., Iowa City, Iowa
James F. Curtis, Prof.

Univ. of Kansas, Div., Sp. Pathol. and Audiol., Lawrence, Kans.
R. L. Schiefelbusch, Prof.

Univ. of Wichita, Inst., Logopedics, Dept., Logopedics, 2400 Jardine, Wichita 14, Kans.
William E. Miller, Asst. Dir.

Boston Univ., Sp. Hearing Center, Boston 15, Mass.
Albert T. Murphy, Prof., Sp. and Hearing.

Michigan State Univ., Dept., Sp., East Lansing, Mich.
Herbert J. Oyer, Assoc. Prof.

Univ. of Mich., Dept., Sp., 1007 E. Huron St., Ann Arbor
Harlan Bloomer, Prof.

Univ. of Minn., Dept., Sp. and Theatre Arts, Minneapolis 14, Minn.,
Ernest H. Henrikson, Dir., Sp. and Hearing Clinic.

Univ. of Mo., Dept., Sp. and Dramatic Art, Columbia, Mo.
Charlotte G. Wells, Prof., Sp.

Washington Univ., Central Inst. for the Deaf, Dept., Sp. and Hearing, St. Louis 10, Mo.
Ira J. Hirsh, Asst., Dir., Res. Dept.

Univ. of Nebr., Dept., Sp., Lincoln, Nebr.
John H. Wiley, Dir.

Hunter Coll., Dept., Sp. and Dramatics, 695 Park Ave., New York 21, N. Y.
Moe Bergman, Assoc. Prof.

Teachers Coll., Columbia Univ., Dept., Teaching of Sp., 525 W. 120th St., New York 27, N. Y.
William H. Canfield, Asst. Prof.

Ohio State Univ., Dept., Sp., Columbus, Ohio
John Black, Dir., Sp. and Hearing Science.

Western Res. Univ., Sp. and Hearing Center, 11206 Euclid Ave., Cleveland 6, Ohio
Paul H. Ptacek, Assoc. Prof.

Univ. of Okla. Med. Center, Dept., Communication Disorders, 825 N.E. 14th St., Oklahoma City 4, Okla.
John W. Keys, Ch.

Pennsylvania State Univ., Sp. and Hearing Clinic, Univ. Park, Pa.
Eugene T. McDonald, Dir.

Univ. of Pittsburgh, Dept., Sp., Pittsburgh 13, Pa.
Jack Matthews, Prof. Sp.

Vanderbilt Univ., Div. of Audiol. and Sp., Nashville 5, Tenn.
Forrest Hull, Div., Head.

Univ. of Washington, Dept., Sp., Seattle 5, Wash.
James Carrell, Dir., Sp. and Hearing Clinic.

Univ. of Wisconsin, Dept., Sp., Madison, Wisc.
John V. Irwin, Dir., Sp. and Hearing Clinics.

Organizational

The Speech Association of America will hold its annual convention in St. Louis, December 28-30, 1960. Bernard Schlanger is chairman of the Speech and Hearing Disorders Interest Group, and Max Nelson, Vice-chairman. Five programs will be sponsored by the group: Various Approaches to Articulation Testing; Aural Rehabilitation; Aphasia in Children; The Sound of English; and Speech and Language Development and Improvement in the Elementary Schools. Among the ASHA members participating in the program are: A. J. Bronstein, H. Dorsey, N. D. Keener, F. R. Kleffner, G. Leight, M. Marge, R. D. Schiefelbusch, H. M. Scholl, G. H. Shames, J. Sheehan. I. Shore, A. A. Simmons, and J. Stern.

An unusual "Gift of Hearing Scholarship Contest" has been announced by E. M. Kinney, General Manager, hearing aid division, Zenith Radio Corporation. Twenty-five weekly grants of $500 will be awarded to a preschool deaf child in the name of a contest winner. A grand prize of a $2,500 scholarship will also be awarded. The purpose of the contest is to stimulate national interest in the problems of the education of deaf children. Other prizes will also be given to the entrants, including an all-expense trip to Paris. Details are available from local Zenith Hearing Aid Dealers.

Readers are urged to contact Mrs. Dorothy D. Craven, Speech Clinic, University of Maryland, College Park, Md., Associate Editor of NEWS AND ANNOUNCEMENTS, if they have information of pertinence to this Department.

The first convention of the California Association of Parents of Deaf and Hard of Hearing Children was held recently on the Fresno State College campus. Charles Watson, Consultant in Education of the Deaf in the California State Department of Education was the principal speaker. The Education Committee of this group, which has been studying the urgent educational problems of deaf children, reported its findings to a State Senate Hearing on Special Education in San Francisco during July.

Institutional

Awards and Grants

In considering the 1961 appropriation for the Department of Health, Education, and Welfare, the Committee of Conference, composed of members from both the House and Senate, assigned to compromise the differing appropriation amounts of the two legislative bodies, agreed to recommend to their respective Houses an appropriation of $15,430,000 for the research and training activities of the Office of Vocational Rehabilitation. The House had proposed $14,800,000; the Senate, $15,800,000. Included in the $630,000 over the House appropriation, was $230,000 designated for approximately 50 new traineeships and $50,000 for approximately 11 additional Rehabilitation Research Fellowships. It was specified that these additional traineeships and fellowships be "in the fields of medicine and related speech and hearing."

It is believed that this Congressional action is the result of the publicity received from all parts of the country supporting S.J. Res. 127 (86th Congress) and also the testimony given during the past year at the regional hearings before the Subcommittee on Special Education of the Committee on Education and Labor of the House of Representatives.

On Other Fronts

The June 1960 issue of *The Journal of Communication* features an editorial, "Disorders of Communication—A Broader Concept," written by Herold Lillywhite of the University of Oregon Medical School. He begins by pointing out that the clinic, laboratory, and fields of speech pathology and audiology have been used too little by those studying disorders of communications. He attributes this in part to a rather limited concept of "speech disorder" by persons within and outside the profession. Lillywhite suggests that it would be as sensible to label "so called normal speakers who cannot adequately understand or be understood as unlisteners, oververbalizers, allnessies, etc." as to use current clinical labels. He proposes that progress would be faster in the study of communication, if disordered communication could be thought of as a "continuum—with difficulties coming from many causes—some pathological, some psychological, some social, but all contributing to failure to understand or be understood." With such a definition, the clinics and laboratories would be fruitful areas for study, because the "speech pathologist and audiologist can, if they will, contribute immeasurably to the understanding of the "disordered communication" of the "normal speaker." In conclusion, he urges that all of those interested in bettering communication should broaden their concepts and use all that is available in understanding how we communicate.

The July issue of *School Life* contains a report by W. R. Carriker, "Research Related to the Physically Handicapped and Emotionally Maladjusted." It is a part of a series describing the results of the Cooperative Research Program in the United States Office of Education. Thirteen projects concerned the physically handicapped and six, the emotionally maladjusted. Since only two of the 19 had been completed by the date of this report (Jan. 1, 1960), a summary of each study presenting its specific scope and direction of the research is presented, rather than a general synthesis. Seven projects involving $232,586 are studying problems of deaf or hard-of-hearing individuals. Five projects involving $190,031 are studying speech handicapped individuals.

A new pamphlet, *Mongolism, Hope Through Research*, has been issued by the National Institute of Neurological Diseases and Blindness. The pamphlet describes the current medical research efforts to find the cause and prevention of this problem. Free copies are available from: NINDB, Bethesda 14, Md.

An exhibit, "The Fateful Months When Life Begins," was shown at the White House Conference on Children and Youth, and at the April meeting of the American Academy of Neurology. The exhibit presents data being obtained at 16 medical centers from observations on 50,000 pregnant women and their children. This Collaborative Project of the National Institute of Neurological Diseases and Blindness, places specific emphasis on the relationship between factors affecting mothers and the occurrence of abnormalities in their offspring.

Personals

Mary E. Switzer, director of the United States Office of Vocational Rehabilitation, has become the first woman to receive the Albert Lasker Award. The award, which is symbolized by a silver statuette of the Winged Victory of Samothrace, is considered one of medicine's highest awards. Miss Switzer was formally cited at a banquet on September 1 at the Congress of the International Society for the Welfare of Cripples. She is considered a pioneer in the work for rehabilitation. In an interview with the *Washington Post*, she stated that in spite of marked increases in many areas of rehabilitation, "professional personnel is short and it's going to be short as far into the future as we can see." She proposed an increase in education of the public and, indeed, the disabled themselves. Miss Switzer cited deafness as an example of a "hidden disability" and criticized the "fears and stigmas still attached to mental retardation and mental illness." Since beginning her work in 1950, she has received many awards. Among them are: the Distinguished Service Award of HEW; the "President's Award of the National Rehabilitation Association; and the Distinguished Service Award from United Cerebral Palsy.

Joseph Sheehan has been on leave of absence from U.C.L.A. to serve as Visiting Lecturer at the University of Witwatersrand, Johannesburg, Union of South Africa.

Marion P. Downs of the University of Colorado Medical Center in Denver served as a consultant for six weeks this summer at Tel Hashomer Hospital, Tel Aviv, Israel. Rudi Werth is director of the program at the Hospital. On her return trip, Miss Downs was able to attend the 5th Congress of the International Society for Audiology in Bonn, Germany.

Hans von Leden and **Paul Moore** of Northwestern University have received both the Gold Medal of the Illinois State Medical Society and the Hektoen (Bronze) Award of the American Medical Association. The awards were given in recognition of their original research on the mechanics of the crico-arytenoid joint.

The United Cerebral Palsy Association has announced the resignation of **Godfrey Stevens,** Director of Special Education for U.C.P.A. Stevens has accepted a position as Associate Professor of Special Education at the University of Pittsburgh, where he will be in charge of the training program in mental retardation.

Ollie Backus, formerly Director of the Speech Clinic at the University of Alabama, and **Robert Olson,** from Northwestern University, have joined the staff of the University of Southern California.

A Speech Correction Landmark

An event of great significance for the profession of speech pathology, the recognition of the first 50 years of organized speech correction, took place in Chicago on October 26, 1960. The Division of Speech Correction of the Chicago Public Schools celebrated its golden anniversary at an afternoon tea at the Merchants and Manufacturers Club of the Chicago Merchandise Mart.

The event had significance far beyond a recognition of local achievement. In 1910 Chicago initiated speech correction service in its public schools for the first time, at the direction of Ella Flagg Young, then Superintendent of Schools. Chicago was, therefore, the first city in the world to provide a systematic program of service to the speech-handicapped pupils of its schools, along with Detroit which also began its program that year.

The ASHA recognized the importance of the event by sending its President, Stanley Ainsworth, to read a letter of congratulation to the Chicago staff. The special education progam of the State of Illinois was represented by Ray Graham and Martha E. Black. Brief speeches were made by several of the top administrators of the Chicago Public Schools. The tea was attended by large numbers of former members of the speech correction staff as well as by present members, by speech and hearing colleagues from the Chicago area and by other friends of speech correction both in and outside the school system.

Margaret Hall Powers, Director of the Bureau of Physically Handicapped Children and Division of Speech Correction, has been in charge of the Chicago program officially since 1948 and was a consultant to it for 10 years before that. Several years ago the additional position of Supervisor of Speech Correction was created under Margaret Hall Powers and is filled by Carol M. Crotty.

Necrology

Margaret Cave McClellan, assistant professor of speech at the University of Florida for 13 years, died on August 3, 1960 following an extended illness. Miss McClellan received both her B.A. (1943) and M.A. (1948) at the University of Florida. She had also taught in the schools of Jacksonville, Florida, and served as a speech correctionist in Duval County, Florida. From 1956-58 she was assistant professor of speech at Madison College, Harrisonburg, Virginia. She was a member of many professional organizations in addition to ASHA.

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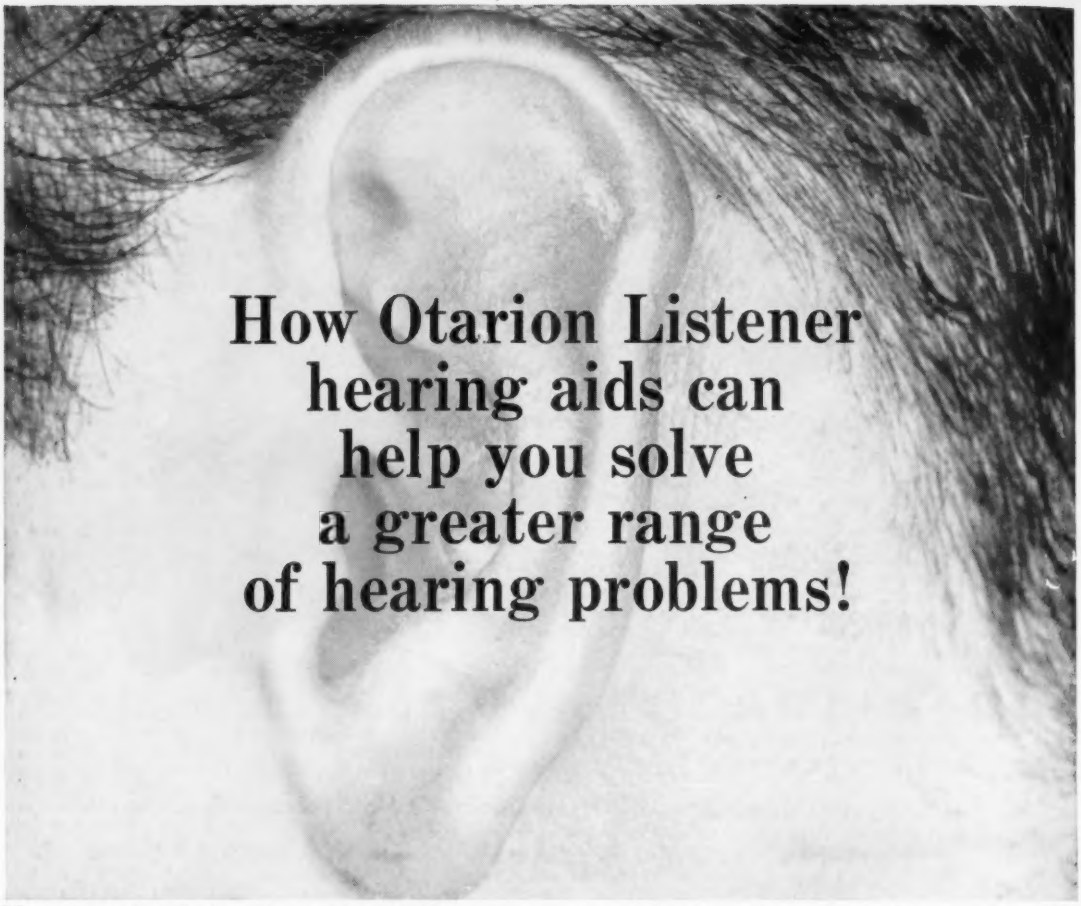

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You feel a warm glow as he closes the door; a pride in all the patience you took all year long. A sense of achievement in your work, a feeling of accomplishment.

It's snowing gently as you close up the office and start for home. But it's a lovely night. Yes, you agree—a little early, a little late, but always in order. Season's greetings and God be with you.

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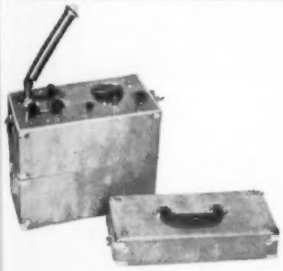

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Forum

CLINICAL PSYCHOLOGY AND SPEECH PATHOLOGY INTERRELATIONSHIPS

(REPORT OF TESTIMONY REGARDING HJR-494 LEGISLATION)

As a Clinical Psychologist, with the doctorate and training in Speech Pathology, I am rather concerned regarding some of the testimony given by Dr. Ainsworth for HJR-494, as reported in the March 1960 issue of ASHA.

Dr. Ainsworth has stated that ". . . although the speech and hearing clinician is concerned with 'readjustment' of the individual, the necessity for focusing on all aspects of oral communication makes this work distinctly separate from the profession of clinical psychology . . . the diagnosis and therapy conducted by the speech pathologist and audiologist are not primarily medical."

I think that it should be noted by the ASHA membership that the Veterans' Administration in its Examination Announcement No. 430 (B), issued October 26, 1954, and still in effect, lists the position of Clinical Psychologist (Speech Pathologist), grades GS-11 to GS-14, as requiring the doctoral degree "in the field of Psychology and/or Speech Pathology." The minimum experience requirement for the GS-11 is two years of experience in Clinical Psychology or Speech Pathology in a medical setting, including a minimum of 12 months in Clinical Psychology.

Further, it has been my observation that many Speech Pathologists (M.A. and Ph.D.) and Audiologists (M.A. and Ph.D.) are employed in medical settings in Federal and State Hospitals and medical schools.

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Editor's Note: A more recent Civil Service Announcement superseding the one referred to above does not list Speech Pathology among its options.

TITLE—INTEGRITY—INDEPENDENCE

We have been greatly interested in the comments aimed at bettering our professional standing and maintaining our independence. The letter by William R. Leith (*Asha*, June 1960) has jacked up our courage enough to venture a suggestion.

While there is great value in having diplomate status, this will be possessed by very few of our profession. The majority will continue to work in the public schools and in clinics with a bachelor's degree or a master's degree. The creation of a diplomate status will have little effect on them.

A much more widespread effect might be made, as Dr. Leith suggests, by changing our title. The use of the title speech *therapist* has a psychological effect on medical doctors that increases their desire to make us the "hands of the physician." The physician is accustomed to telling the physical *therapist* and the occupational *therapists* exactly what to do. The registered physical therapists in California will not accept a patient without a prescription from a medical doctor. *Therapy* thus implies physician control!

When we began to practice we were advised by Dr. Travis to use the title speech pathologist, and, while we have received some criticism from members of our own profession, the reaction of the physicians and dentists with whom we work has been, "You're the pathologist. You tell us what should be done." They have confined their suggestions to their own area of specialization.

We have noticed a similar effect with the title speech consultant given to the department supervisors in the California public schools. The title implies more responsibility than carrying out a therapeutic procedure prescribed by someone else, an event that is almost never the case with any speech therapist.

We all, whether in private practice, in public schools, universities, or hospitals, are responsible for a number of the following areas: diagnosis, therapy, parent counseling, record keeping, training in parallel communication areas such as reading, writing and arithmetic, and even research. Even the title speech pathologist does not fully describe our profession, but it places us on an equal professional standing by stating we are the experts, and we hold the responsibility for patient care in this area by virtue of our training.

Conversely, it enforces our own responsibility to obtain training to merit our independence, and to evaluate our abilities so that we run little chance of harming patients by attempting to work with them when they should be referred to a specialist in another field. Independence demands the utmost integrity.

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Editor's Note: A recent opinion expressed by the Publications Board of the American Speech and Hearing Association concurs in the advisibility of refraining from the use of the term "speech therapist." It is felt that in rehabilitation centers and hospitals the use of the term "speech therapist" tends strongly to lead to the classification of workers in our profession with occupational therapists, physical therapists, educational therapists, music therapists, recreational therapists, etc., with the practical consequence that the speech pathologist or speech clinician is placed in a subordinate position in which he or she is not permitted adequate responsibility at the level of screening and diagnosis and general coordination of the clinical speech services with the other facets of the program affecting the person being served, and the further consequence that the salaries and Civil Service grade assignments of professional workers in our field tend to be lower than they would be otherwise. The term "speech therapist" tends for many persons to connote limited capability and therefore the need for supervision, whereas such a term as "speech clinician" suggests that an individual so designated is able to function at diagnostic and counselling levels as well as the therapeutic level.

Editor's Note: Please indicate approval of publication for your letter or specific parts thereof when submitting material to *FORUM*. Contributions to *FORUM* should be addressed to:

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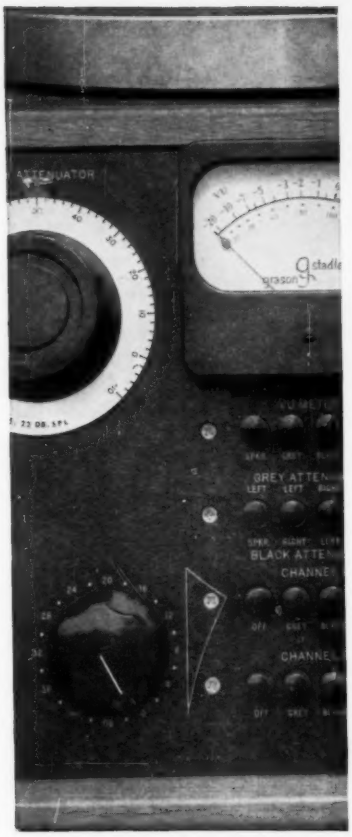

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